IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 113661 PIN# ~~4636-95-5584-22~~ 4636960011 DATE 7/10/03

OWNER OR CONTRACTOR Margie Tvestor PHONE: Business 704-597-5507 Home

ADDRESS 11601-A Reames Rd Charlotte NC 28269

LOCATION BSR, TL Canvasback, TL Mandarin on corner

SUBDIVISION Woodland Hills BLOCK / SECTION 10 LOT 22 LOT AREA 0.694c SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.8

Septic Tank: 1000 Gallons: STB 312 Date 6/21/05
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 5@107" Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ Public
☒ Community

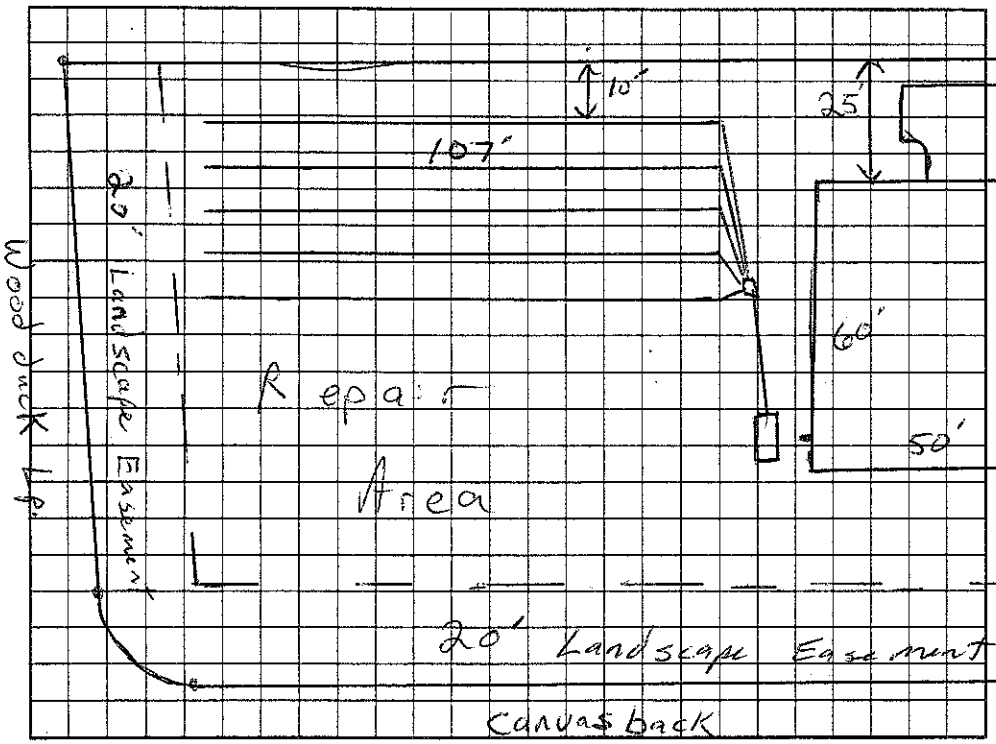
Comments:/Conditions:

Lot Has < 2% slope

1"=40

Comments:/Conditions: EZ Flow Installed "Accepted System" – 5@80'x3' – Ext Bed

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date 5-5-04 Installed by: Stanley Septic Service

Improvement Permit by: ____ RS date 7/11/03 Operation Permit by: Wesley Spencer RS date 7-21-05

Authorization to Construct by: ____ RS date 7/5/04 Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK