IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145144 PIN# 4637001905 DATE 9-25-07

OWNER OR APPLICANT Kyle & Tammy Wilson PHONE: Business 704-779-5707 Home 704-664-5706

ADDRESS 211 Wilson Lake Rd Mooresville NC 28117

LOCATION Brawley School Rd TR Blume TL Beaten Path TL Cicero TL Shavender Dr TL Palmer Marsh TL Archbell Pt

SUBDIVISION Shavenders Bluff BLOCK / SECTION 3 LOT 330 LOT AREA 1.01 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft² at end

Septic Tank: 1000 Gallons; STB 312 Date 12-28-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type: I ◐ III IV V VI

System Description: 25% reduction gravity

Repair System Description: 25 % reduction gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees ____

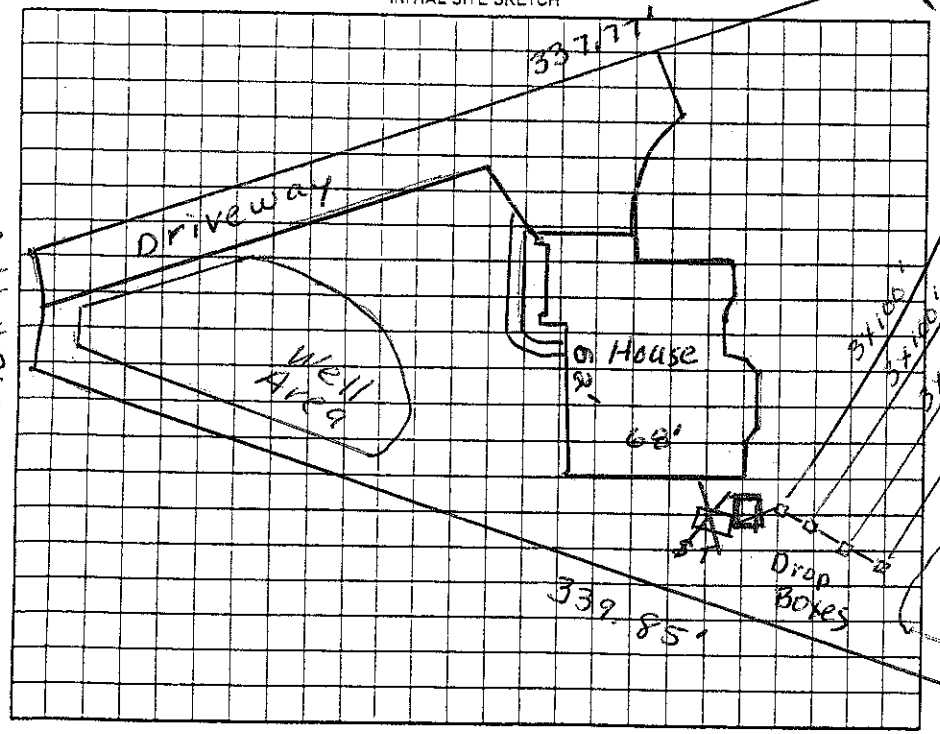
Water Supply: ☒ Individual ☐ Public ☐ Community

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

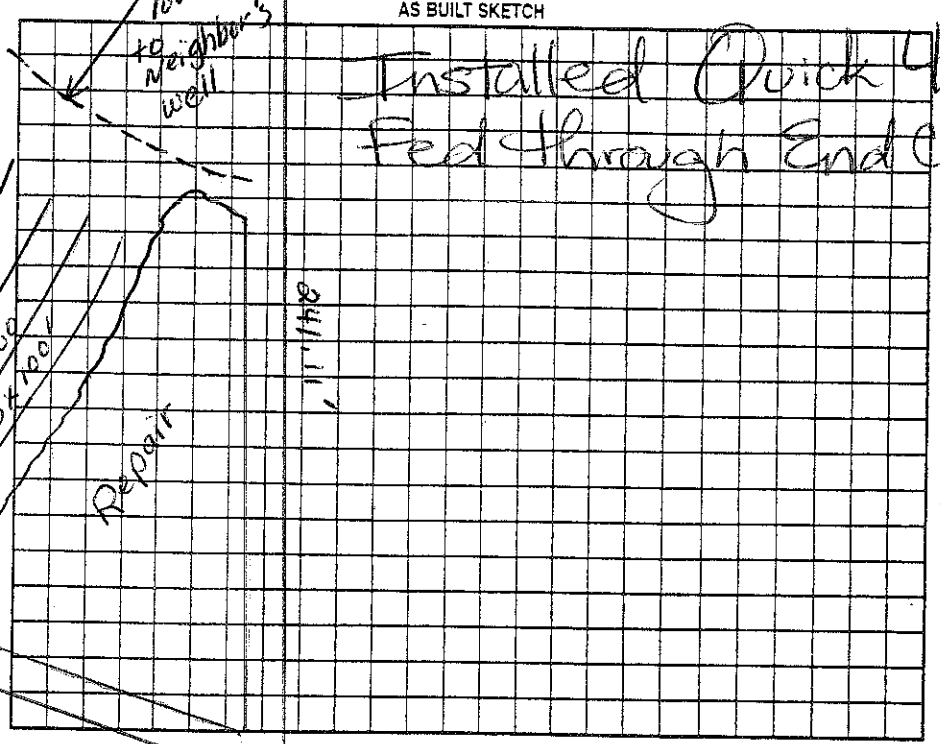
Comments:/Conditions:

Comments:/Conditions: 4/18/08 Checked tanks & lines

INITIAL SITE SKETCH



AS BUILT SKETCH



Installed Quick 4 Feed through End Caps

Archbell Pt. Ln.

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: Tammy L. Wilson date 10-1-07 Installed by: Ralph Dolson RS

Improvement Permit by: Judy Melville date 10-01-07 Operation Permit by: Maria Dolson date 4/18/08

Authorization to Construct by: Judy Melville date 10-01-07 Existing System Inspection by: ____ date ____

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