IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]E 704-878-5305 80.00 Pd 11:30 MOORESVILLE 704-664-5281

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

PERMIT# 089864 PIN# 4637 15 2263

OWNER OR CONTRACTOR James B. Wohlford DATE 6/17/02

ADDRESS 104 Spicewood Ln. Mooresville, NC. 28117 PHONE: Business 704-408-7150 Home

LOCATION 150 W (R) McCrary TR Riverwood, on (L) just before Revere Dr.

SUBDIVISION CL+T BLOCK / SECTION 10 LOT 1157 LOT AREA ~1.8 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 3-9-02

Pump Tank: 1000 Gallons; PT Date 4-20-

Pump Make: Myers Model ME50S II Serial No 25325D007

Nitrification Field: (No) Fields 1 Square Feet 1200* Linear Feet 400*

No Lines 4@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Pres. Manifold - EZFlow

Repair System Description: None

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees

[ ] Other PARTIAL

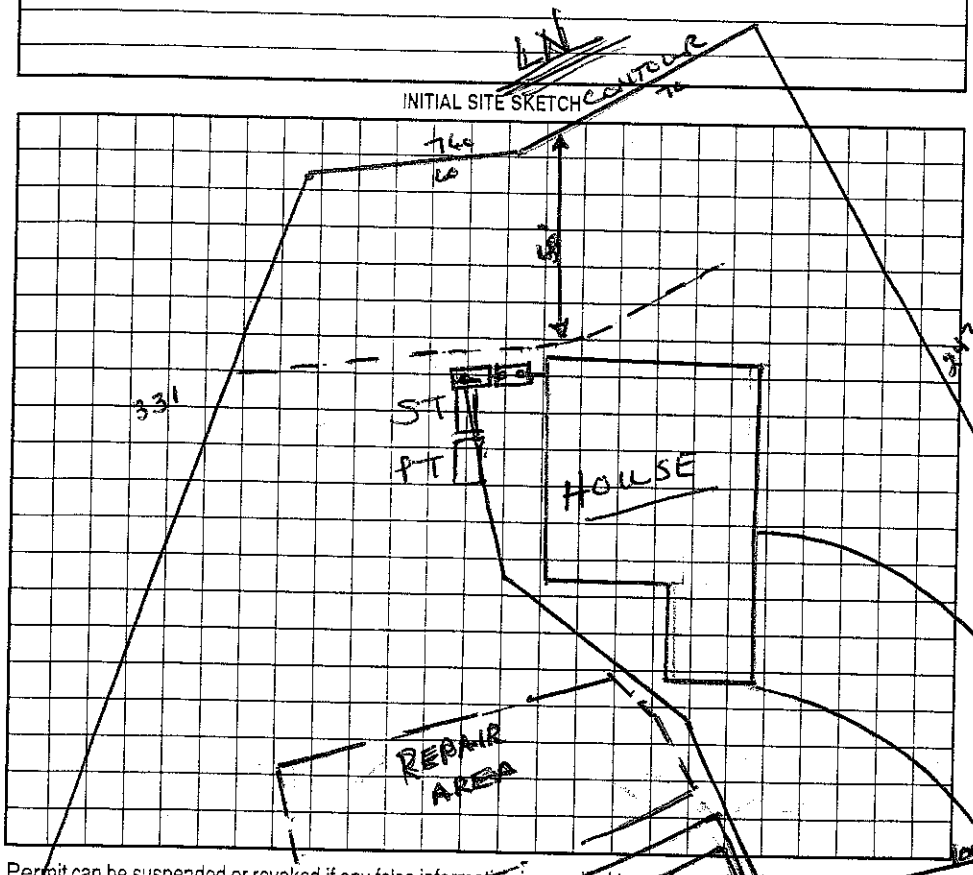
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments:/Conditions:

Comments:/Conditions: Checked tanks & lines 7/12/2002 MD.

INITIAL SITE SKETCH



AS BUILT SKETCH

"Plastic Chambers" installed as Drawn

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 six months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 6/18/02

Improvement Permit by: Wesley Sparks RS. date 6/17/02

Authorization to Construct by: Wesley Sparks RS. date 6/17/02

Installed by: Barry Siamon

Operation Permit by: [signature] RS date 5/7/03

Existing System Inspection by: date

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