IREDELL COUNTY HEALTH DEPARTMENT

4637-57-2040 350.00 Paid

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

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

PERMIT# 111594 PIN# ~~4637-57-2040~~ 4637-45-5288 DATE 4/25/03

OWNER OR CONTRACTOR BO of NC. PHONE: Business 704-489-4663 Home

ADDRESS 5734 Hwy. 150 EAST DENVER, NC. 28037

LOCATION 150 W TL DOLLIE RD. TR PURPLE FINCH TO LAST LOT ON R OF CUL DE SAC

SUBDIVISION WHIPPOORWILL WDS BLOCK / SECTION 2 LOT 9 LOT AREA ~1.18AC SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons; STB 355 Date 4/18/01

Pump Tank: 1500 Gallons; PT 355 Date 7/20/01

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 4@90' Trench Width 3' Max Trench Bottom Depth 30" Gravel Depth N/R

☒ New System ☐ Repair System Type: I, II, III, ⓘ V, VI

System Description: Pres.Dosed - 16" PPBPS

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 5

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☒ Other DUPLEX

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

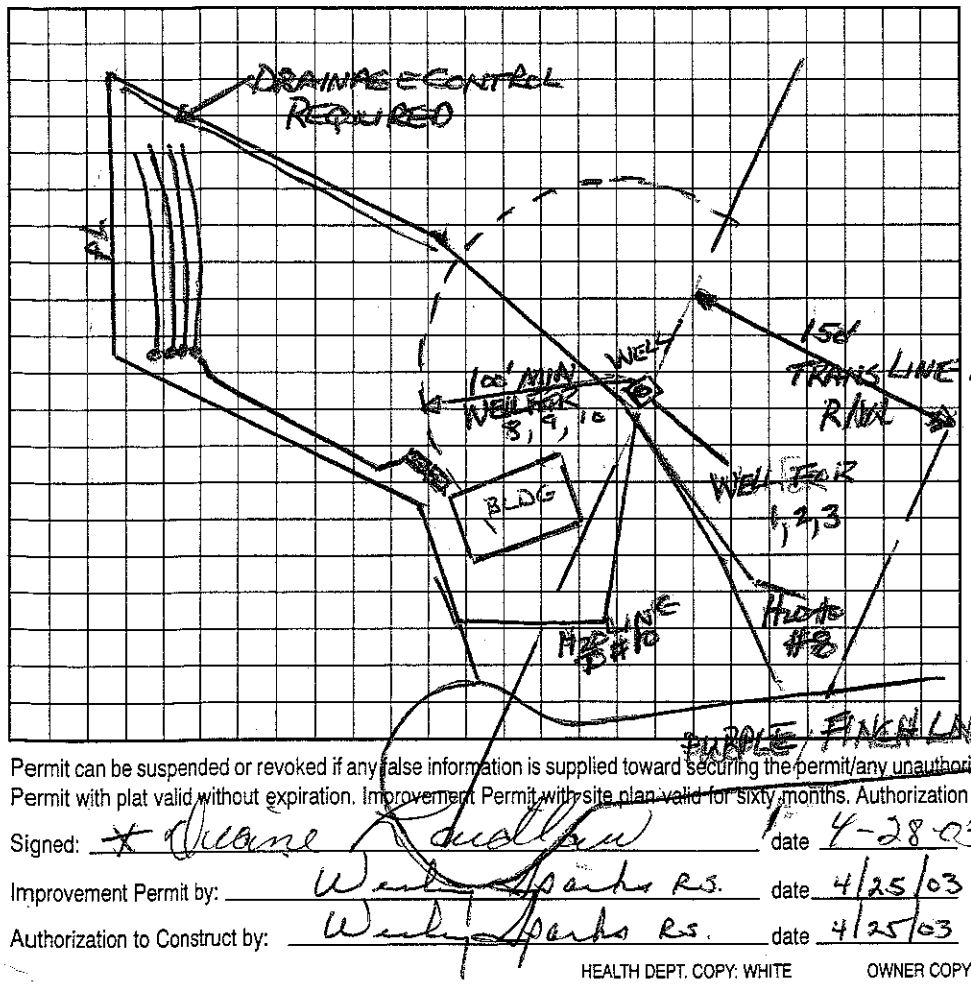
Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions: Laterals to follow contour in direction shown.

Comments:/Conditions:

1" = 100'

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: Duane Caudle date 4-28-03 Installed by: B & M Enterprises

Improvement Permit by: Wesley Sparks R.S. date 4/25/03 Operation Permit by: RS date 8/26/03

Authorization to Construct by: Wesley Sparks R.S. date 4/25/03 Existing System Inspection by: date

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