IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 $125 MOORESVILLE 704-664-5281 1130 (E)

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

PERMIT# 86139 ~~00-0305~~ PIN# ~~4638 62 0567~~ 4638623434

OWNER OR CONTRACTOR Tom Wilson - Lake Norman Airpark PHONE: Business 905-0755 Home DATE 8/4/00

ADDRESS

LOCATION North on TL Catawba Air Rd. TL Yeager Rd. to 2ND Hanger on (L)

SUBDIVISION LN AirPark BLOCK / SECTION HANGAR LOT A LOT AREA ~13 Ac. SITE CLASS. PS DESIGN FLOW 1000GPD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 7/18/00

Pump Tank: 1000 Gallons; PT 27 Date 7/17/00

Pump Make: ~~Hydromatic~~ Model ~~SK50AL~~ Serial No. ~~0700~~

Nitrification Field: No Fields 1 Square Feet 333 Linear Feet 111

No Lines 1 + 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: Pres. Man — Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Bathrooms

☒ Business No. Employees 4

☐ Other AIRCRAFT HANGAR

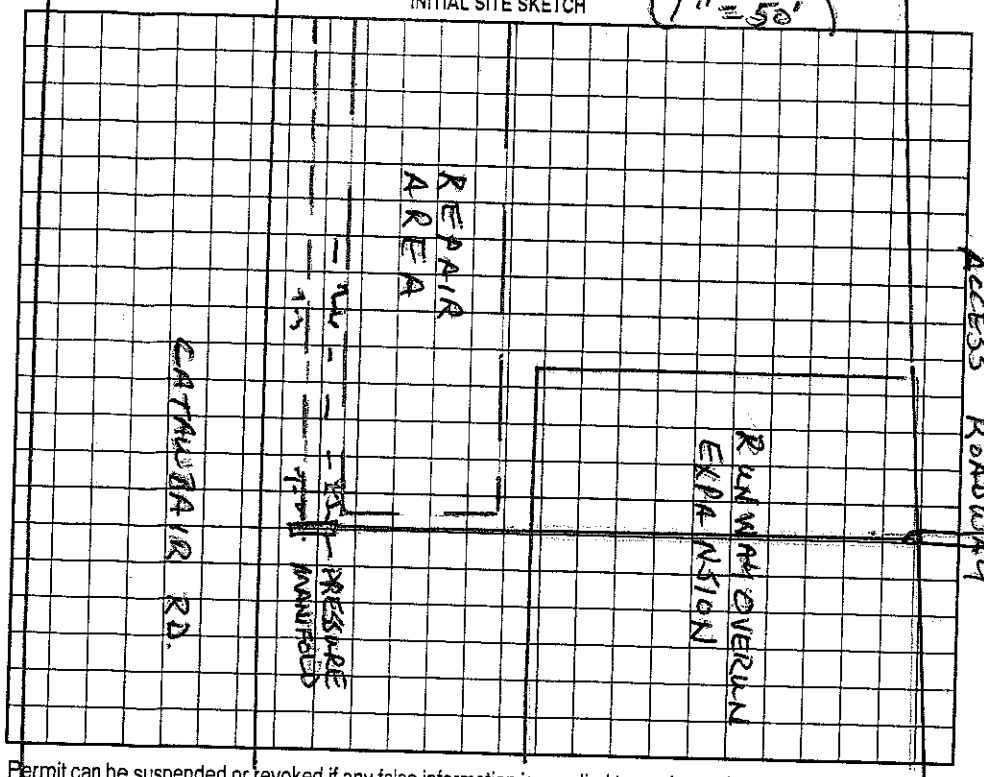
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

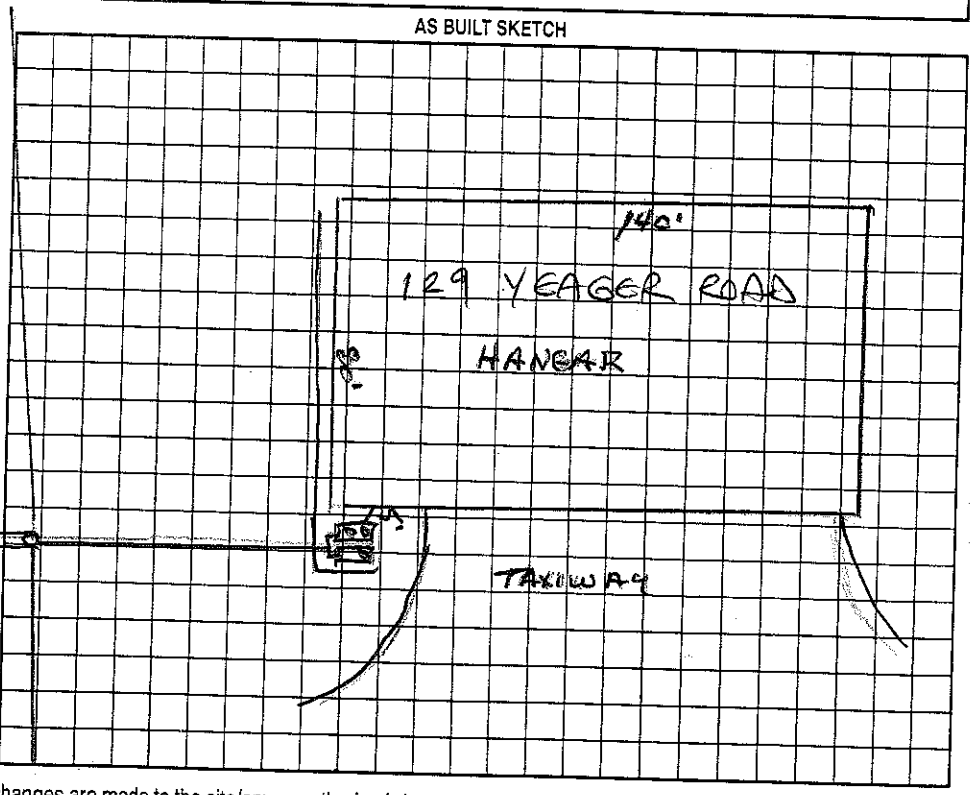
Comments/Conditions: Installed 2@56'x3' LittleGiant - 14EH-CIM - ARA-06040

Comments/Conditions:

INITIAL SITE SKETCH (1" = 50')



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: X _____ date _____

Improvement Permit by: Wesley Sparks RS. date 8/9/00

Authorization to Construct by: Wesley Sparks RS date 8/9/00

Installed by: MacLeod Const

Operation Permit by: Wesley Sparks RS. date 9/14/01

Existing System Inspection by: _____ date _____

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