IREDELL COUNTY HEALTH DEPARTMENT

4637998689 (3.30) (4.88) 10

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

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

PERMIT# 077535 PIN# 4637997944 PT

OWNER OR CONTRACTOR Wildrick Homes Inc. PHONE: Business 791-4129 Home 786 6584 DATE 10-8-99

ADDRESS 3788 Panthers Den Ct. Concord, NC 28027

LOCATION 150 W. TR Ervin TL Spears at End

SUBDIVISION _____ BLOCK / SECTION _____ LOT 2 LOT AREA 1.22 Acre SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2-11-00

Pump Tank: ~~1500~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines ~~4 at 100'~~ Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Pump/Grav. Modified

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

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

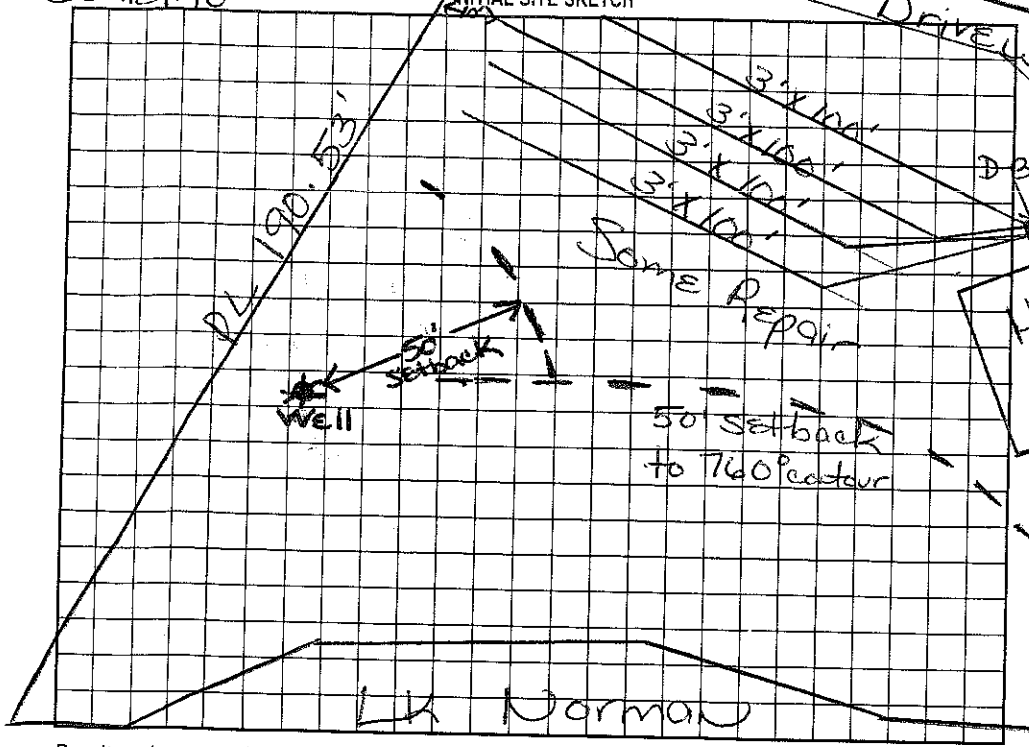
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Spears Rd

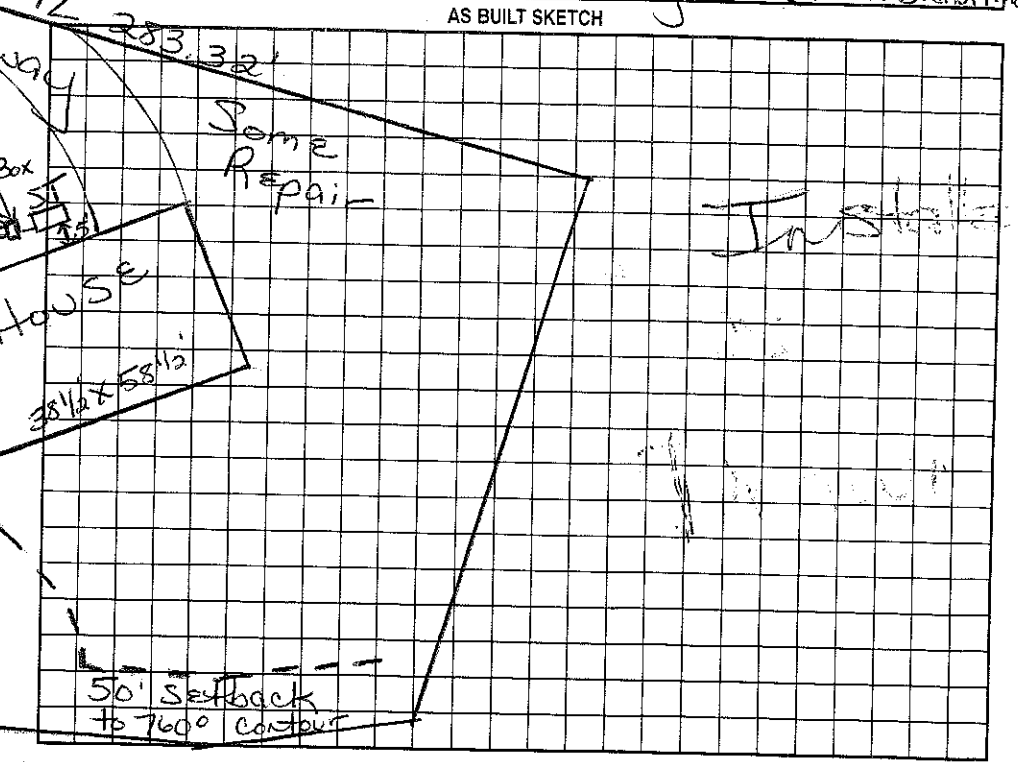
Comments/Conditions: Keep Septic System at least 10' from PL, 5' from House & 50' from well. Divert stormwater runoff away (around) Septic System (Tanks & Drainfield)

Scale 1:40'

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: X Mike Wildrick date _____

Improvement Permit by: Maria H. Dotson R.S. date 10/8/99

Authorization to Construct by: Maria H. Dotson R.S. date 10/8/99

Installed by: Delbert Beaton

Operation Permit by: Maria H. Dotson R.S. date 3/16/2000

Existing System Inspection by: _____ date _____

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