IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 250 Pg. 2 MOORESVILLE 704-664-5281

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

PERMIT# 134141 PIN# 4638871551 DATE 3-27-06

OWNER OR APPLICANT Nilson and Barbara Silva PHONE: Business _____ Home 704-500-2113

ADDRESS 105 Woodstork Cove Rd

LOCATION Perth Rd N TL Woodstork Cove on left at corner

SUBDIVISION Harbor View BLOCK / SECTION 5 LOT 16 LOT AREA .58 Ac SITE CLASS. PS DESIGN FLOW 360gpd* L.T.A.R. .3

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 180

No Lines 3@60' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA ☐ Gravity ☐ Pressure

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

System Description: 25% (gravity) reduction

Repair System Description: LP Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

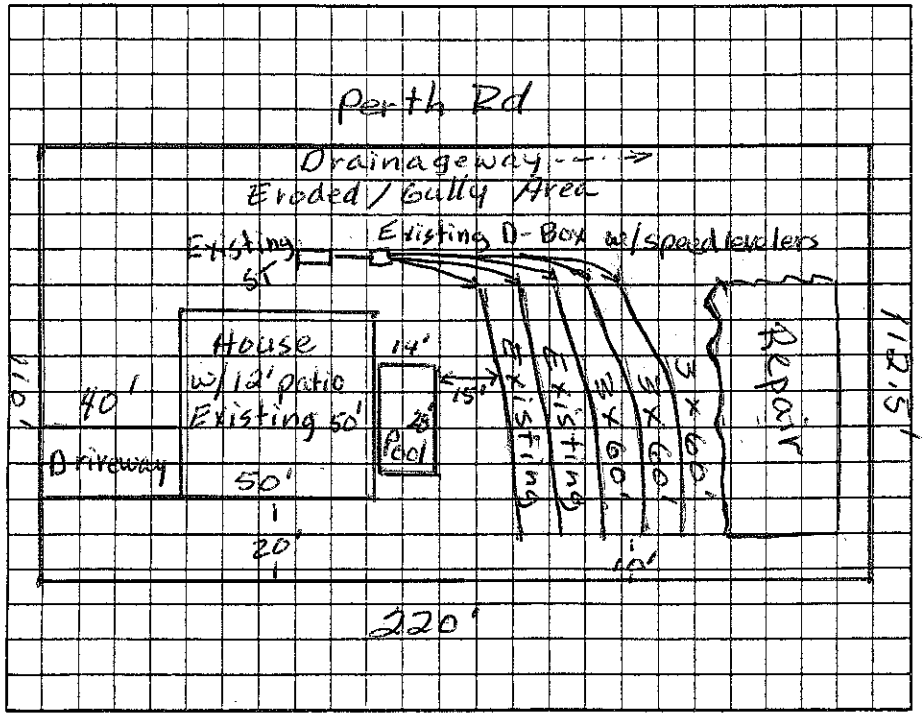
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: * includes existing 2 lines, Add 3 lines below. Properly abandon first 3 lines for pool excavation. Do not cut or fill system area

Comments:/Conditions:

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: _____ date 3/27/06 Installed by: Richard Royal Crown Pools

Improvement Permit by: Judy McNeely date 3-27-06 Operation Permit by: Wesley Sparks R.S. date 3/30/06

Authorization to Construct by: Judy McNeely date 3-27-06 Existing System Inspection by: _____ date _____

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