IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092415 PIN# 4639 73 4475 (pt) 4639 43 4783 (704) 895- DATE March 6, 01

OWNER OR CONTRACTOR ~~Crescent Resources Inc~~ Kimberly Homes PHONE: Business 8070 Home

ADDRESS P.O. Box 1003 Charlotte N.C. 28201

LOCATION Perth Rd. N. TL Fern Hill Rd. TL Wildwood Cove Dr. on Right 140 Wildwood Cove

SUBDIVISION Wildwood Cove BLOCK / SECTION LOT 31 LOT AREA 44422 ft² SITE CLASS. RS DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 1007 Date 9/9/02

Pump Tank: 1000 Gallons; PT 274 Date 9/2/02

Pump Make: Gouds Model WW0511A Serial No. 503809673

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

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM - Innovative -25% Red.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

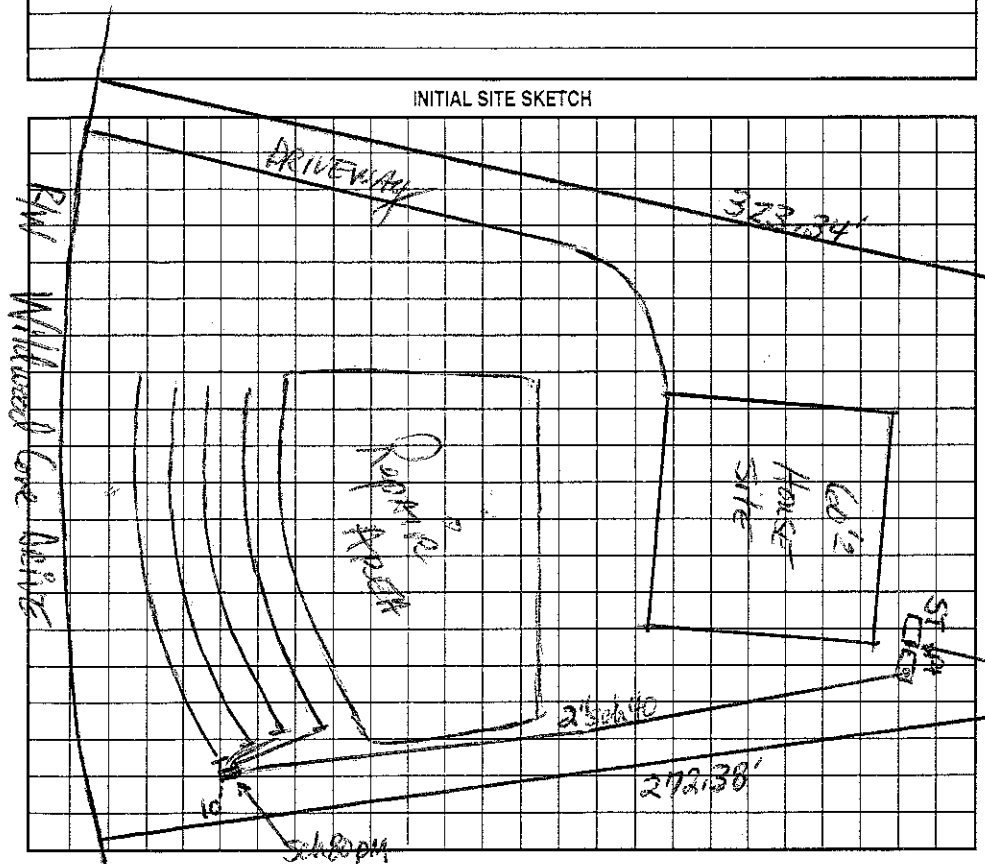
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

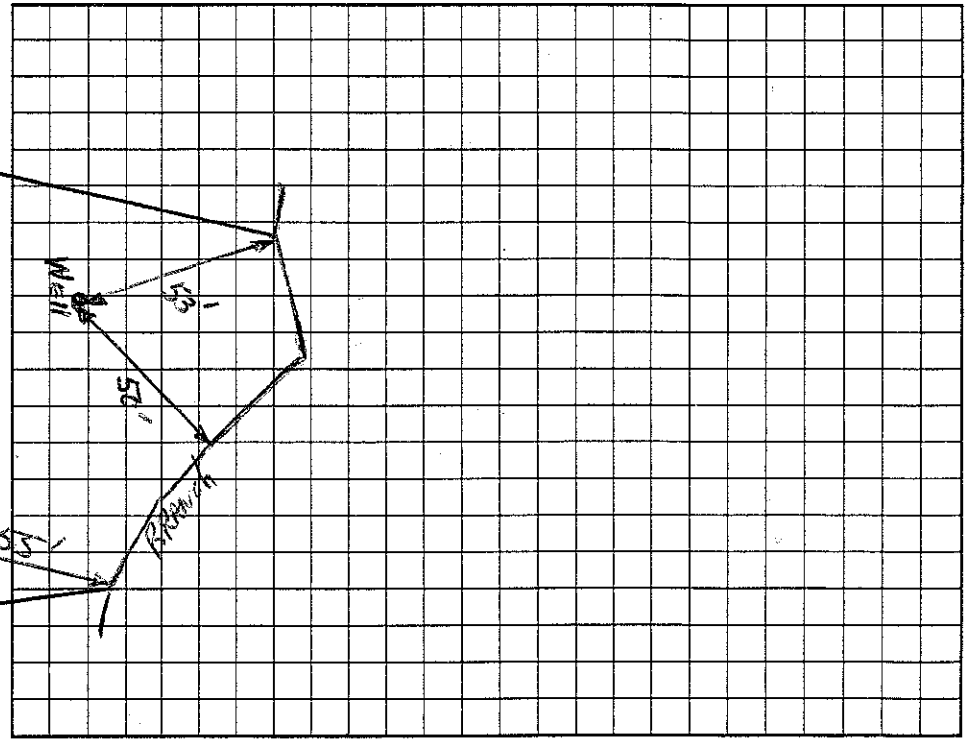
Comments:/Conditions: Myers Mill R/W 34 ft.

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: [signature] date 3-27-01

Improvement Permit by: [signature] RS date 3-6-01

Authorization to Construct by: [signature] RS date 1-8-02

Installed by: DANNY LANEY / Builder

Operation Permit by: [signature] RS date 11/15/02

Existing System Inspection by: date

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