4639435013

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120827 PIN# 4639734475 (pt) DATE 10-29-04

OWNER OR CONTRACTOR Atkinson Homes Attn: Jerry PHONE: Business 506-9074 Home

ADDRESS 490 River Ridge Ln Lexington, NC 27295

LOCATION Perth Rd North TL Fern Hill TL Kenway Loop ~ 1/4 mile on left

SUBDIVISION Wildwood Cove BLOCK / SECTION LOT 42 LOT AREA 52,840 ft² SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 4 No. Bathrooms 3½ No. Employees

Water Supply: [X] Individual [ ] Public [ ] Community

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

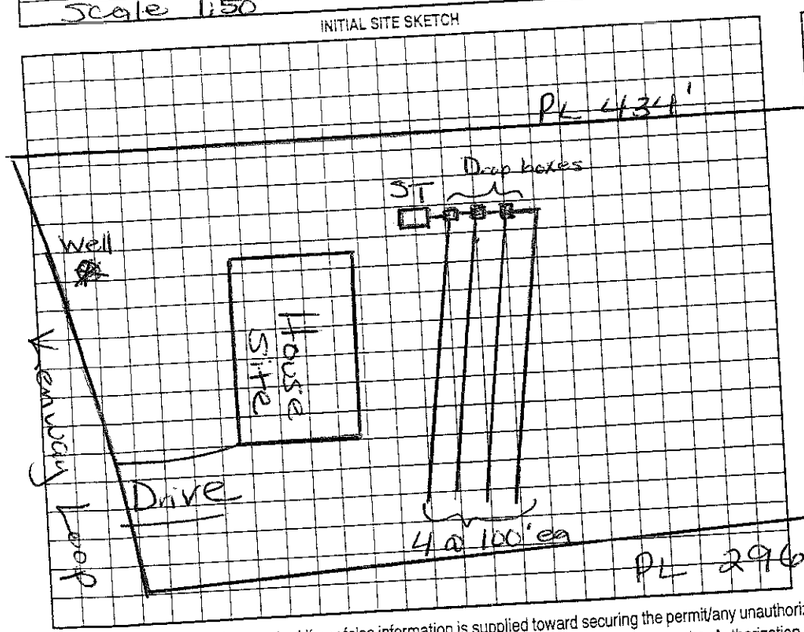
Gravel Depth N/A

Comments:/Conditions: Installed "Plastic Chambers"
4 lines ~ 100' each

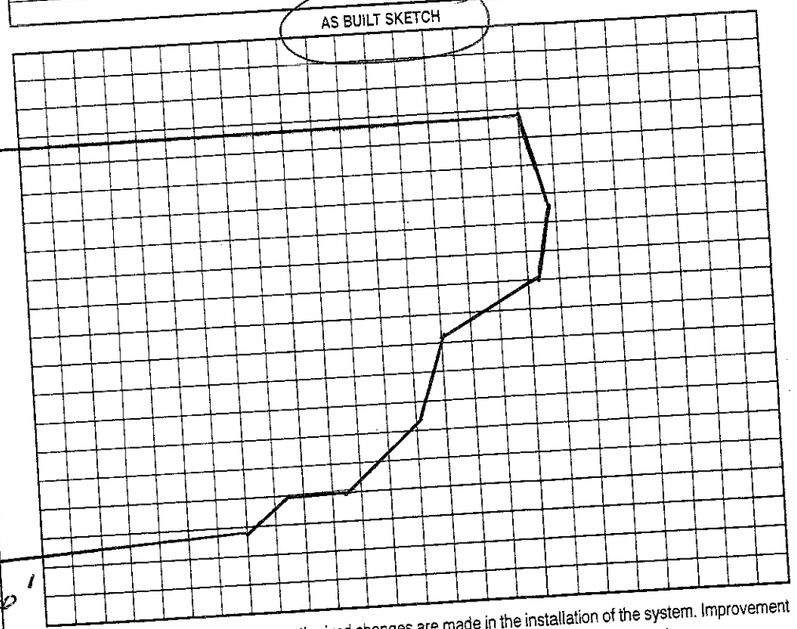
Comments:/Conditions:

Scale 1:50'

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

Improvement Permit by: Mona H. Dotson R.S. date 10/29/04

Authorization to Construct by: Mona H. Dotson R.S. date 10/29/04

Installed by: Rowan Septic

Operation Permit by: Mona H. Dotson R.S. date 10/29/04

Existing System Inspection by: date

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

Rowan 300

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092431 / 120827 PIN# 4639 73 4475 (pt.) DATE Dec 21, 00

OWNER OR CONTRACTOR CRESCENT Resources / ATKINSON Homes PHONE: Business _____ Home _____

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

LOCATION ISOW IR Peeth Rd. TL FERN Hill TL Kenway Loop ON left

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 42 LOT AREA 52,650 sqft SITE CLASS. PS DESIGN FLOW 460 gpd L.T.A.R. .83

Septic Tank: 1000 Gallons; STB 825 Date 6-22-01

Pump Tank: ~~1000~~ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1620 Linear Feet 540

No Lines 5 @ 108' Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, 125%

System Description: ~~Gravity Conventional~~ / Reduction

Repair System Description: Gravity Innovative -25%

Maintenance Agreement Required: ☐ Yes ☑ No Roof

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees ____

☐ Other _____

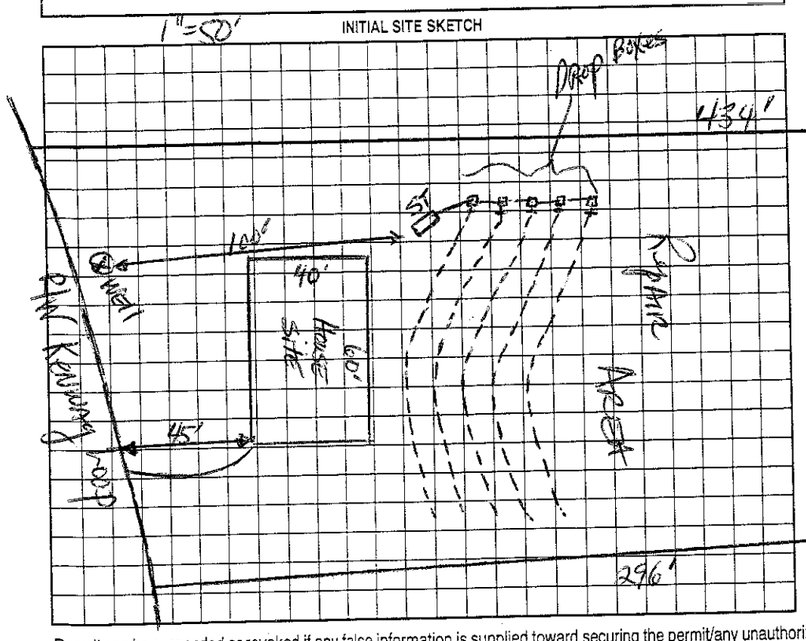
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ ~~Individual~~ ☐ Public ☐ Community

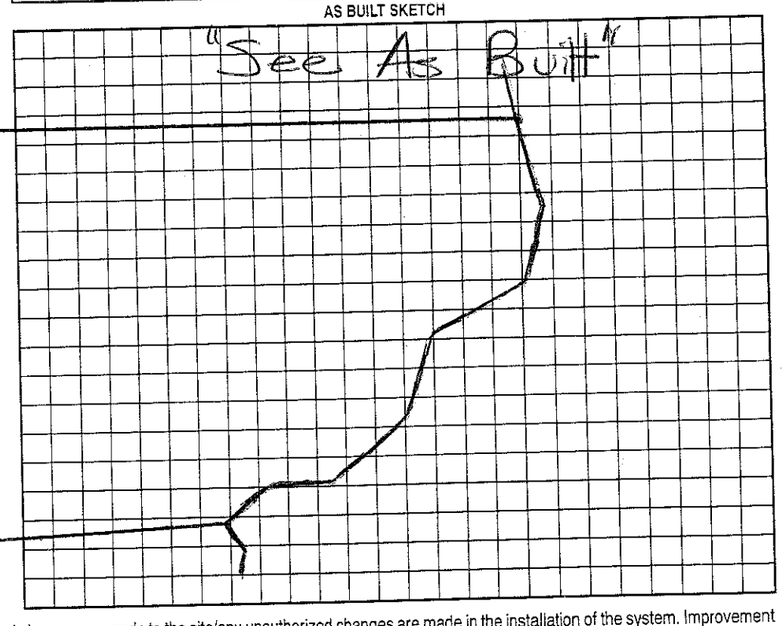
Comments/Conditions: 4@100'

Comments/Conditions: Installed "Plastic Chambers" 4 lines ~ 100' each

1"=20' INITIAL SITE SKETCH



AS BUILT SKETCH



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Signed: _____ date 3-21-01 Installed by: Rowan Septic

Improvement Permit by: _____ date 12-21-00 Operation Permit by: _____ R.S. date 10/29/01

Authorization to Construct by: _____ R.S. date 4/21/04 Existing System Inspection by: _____ date _____

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