IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092 414 PIN# 4639-73-4457 4603943606O3 DATE 7/15/03

OWNER OR CONTRACTOR Kimberly James Homes PHONE: Business 704-201-0658 Home

ADDRESS PO Box 891 Davidson NC 28036

LOCATION Perth, TL Fern Hill, TL Wildwood Cove, on Rt

SUBDIVISION Wildwood Cove BLOCK / SECTION LOT 30 LOT AREA 53,574 ft² SITE CLASS PS DESIGN FLOW 450 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 4/20/03

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: Gravity 25% Reduct.

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees

☐ Other

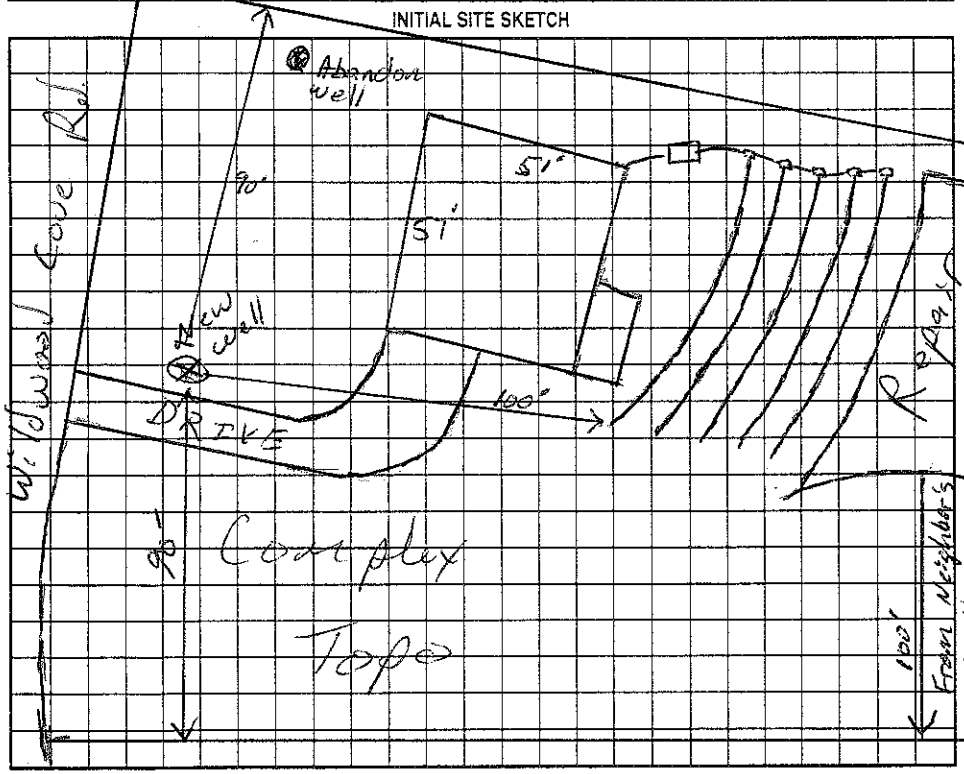
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

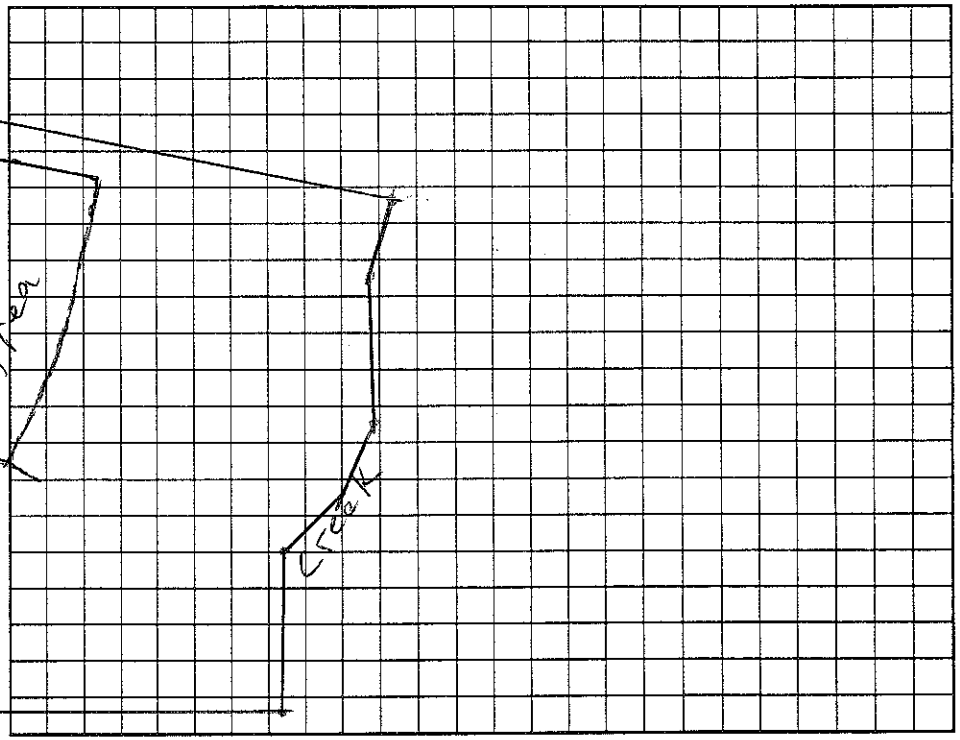
Comments:/Conditions: * Must properly Abandon Existing well

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 7/31/03 Installed by: Rose Man

Improvement Permit by: RS date 7/15/03 Operation Permit by: RS date 8/12/03

Authorization to Construct by: RS date 7/15/03 Existing System Inspection by: date

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