IREDELL COUNTY HEALTH DEPARTMENT

$245

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

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

PERMIT# 092385 PIN# 4639 T3 4457 4639-44-6026 DATE 6/7/04

OWNER OR CONTRACTOR John Sanders PHONE: Business 634-9272 Home 663-2510

ADDRESS 305 Winthrow Creek Mooresville, NC. 28115

LOCATION Perth Rd N TL Fern Hill TL Wildwood Cove Dr. 5th lot on (L)

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 5 LOT AREA 46,040 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3 @ 36" Unpaved

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 536/804 Linear Feet 268

No Lines 4 @ 67' Trench Width 2-3' Max Trench Bottom Depth 3'

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

System Description: Pressured - 1½" PPBPS

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 4

[ ] Mobile Home No. Bathrooms 4

[ ] Business No. Employees ____

[ ] Other _____

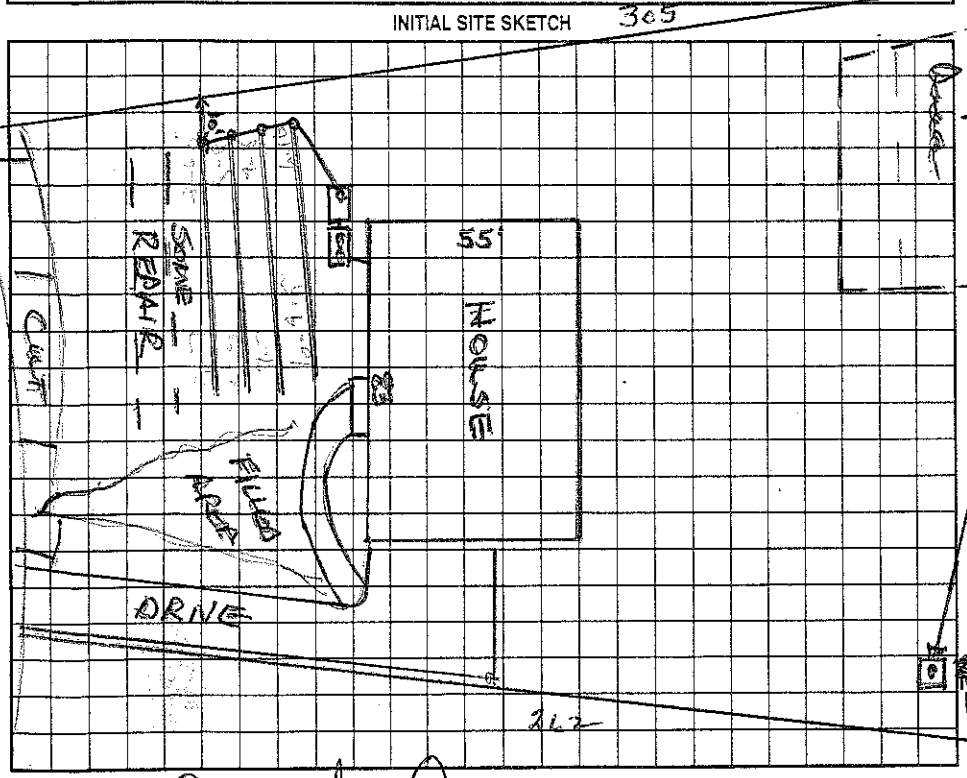
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth N/A [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

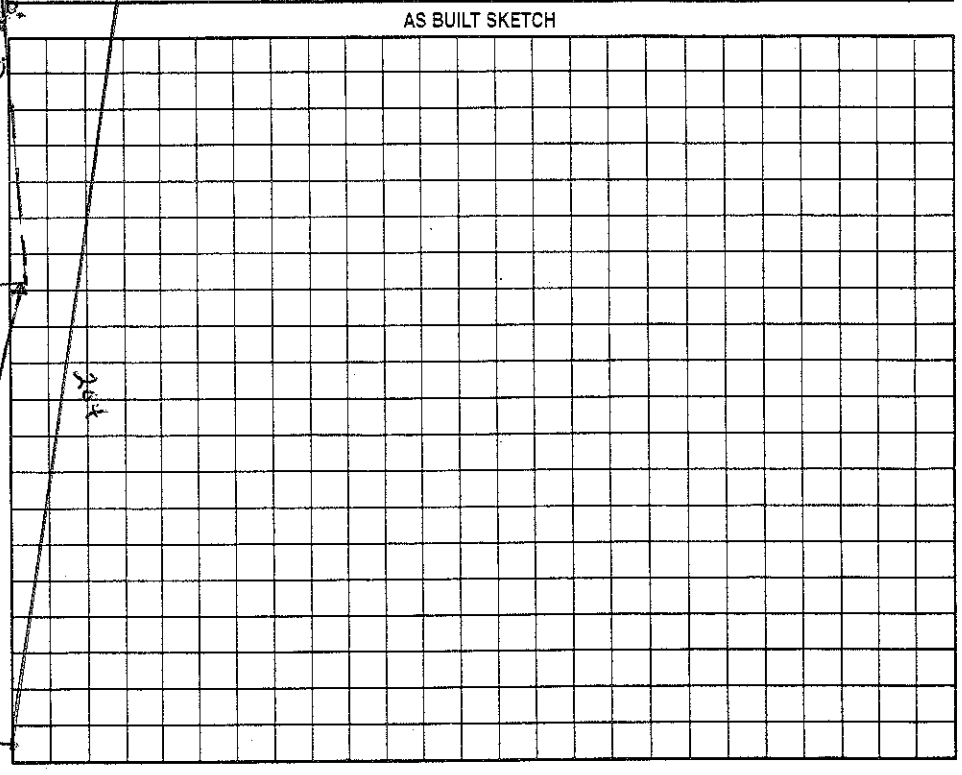
Comments:/Conditions:

Comments:/Conditions: Checked NEMA4X Box 1/21/05
Tanks, lines & pressure checked by W.S 10/27/04

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 6/16/04

Improvement Permit by: Wesley Sparks R.S. date 6/7/04

Authorization to Construct by: Wesley Sparks R.S. date 6/7/04

Installed by: Leather man RS

Operation Permit by: Maria H Dotson date 1/21/05

Existing System Inspection by: _____ date _____

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