3:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 073551 PIN# 4639 48 9746 DATE 5/17/01

OWNER OR CONTRACTOR Northwood Group LLC PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Perth Rd. N TL Neill Farm Rd. on (L) B4 La Reina Lane intersection

SUBDIVISION Northwood BLOCK / SECTION 2 LOT 16 LOT AREA ~2.64c SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 2/28/01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

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

No Lines 4 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth No

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

System Description: Gravity - EZ FLOW - CH. PLASTIC

Repair System Description: _____

Maintenance Agreement Required: [ ] Yes [X] No

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

[ ] Mobile Home No. Bathrooms 2.5

[ ] Business No. Employees _____

[ ] Other _____

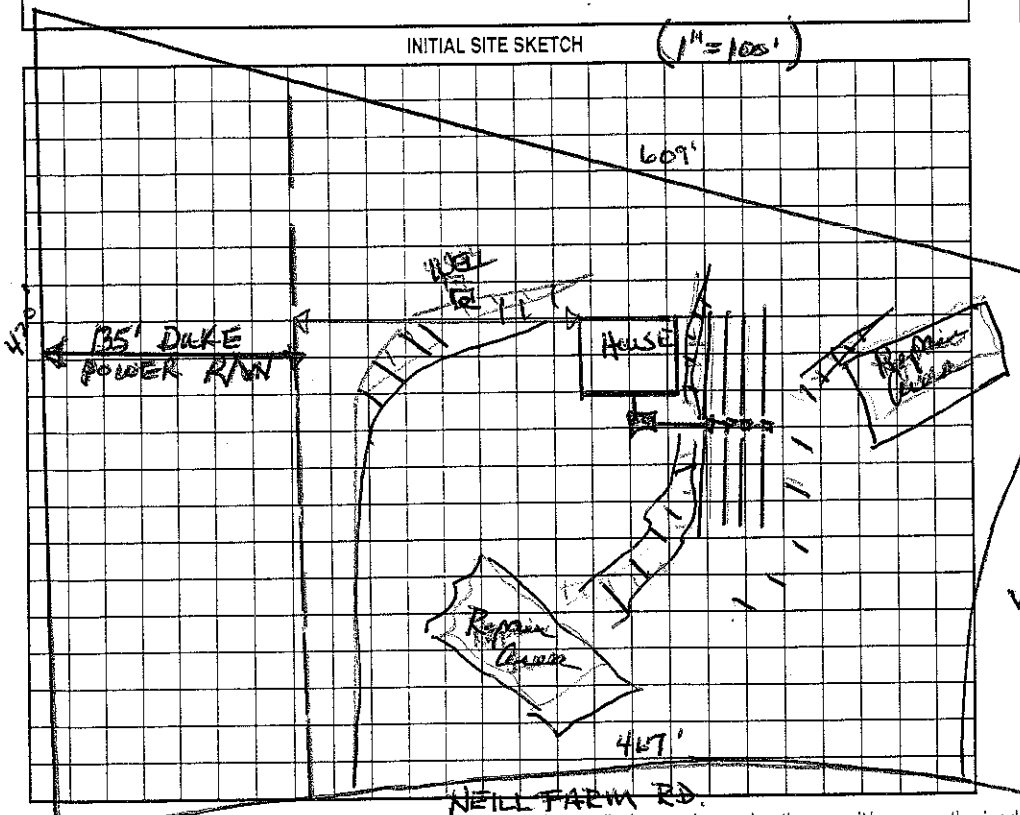
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

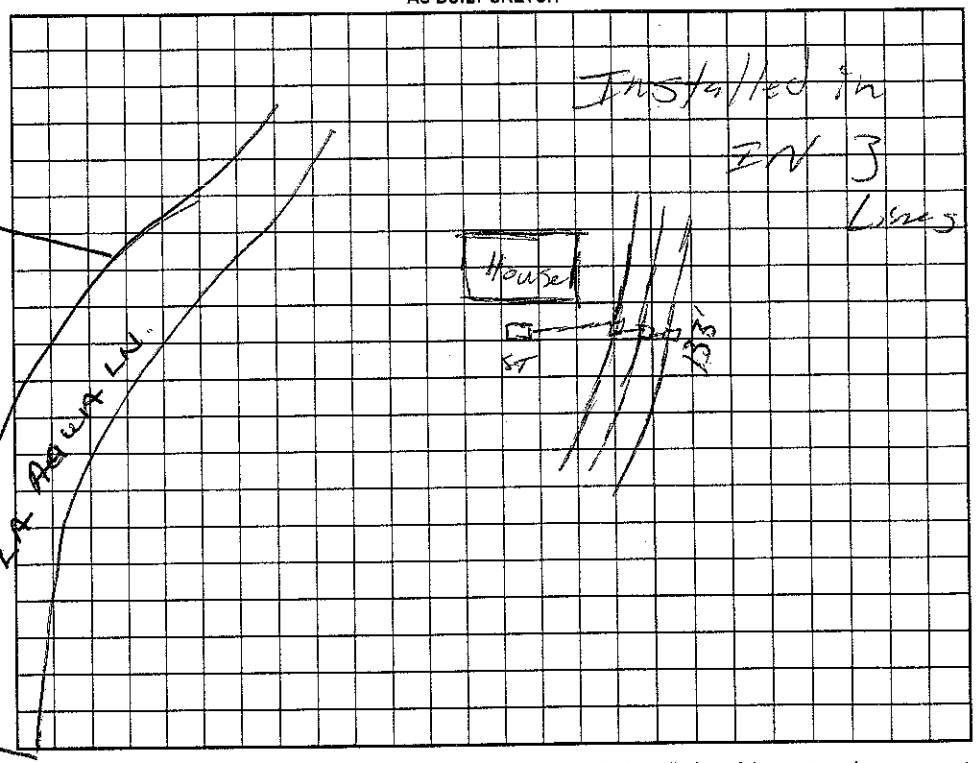
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 100')



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: Wesley Sparks RS. date 5/18/01

Authorization to Construct by: Wesley Sparks RS. date 5/18/01

Installed by: Rowan Septic

Operation Permit by: [signature] RSI date 5/24/01

Existing System Inspection by: _____ date _____

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