IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092392 PIN# 4639 73 4457 (pt.) 4639-53-6061 DATE Feb 13,01

OWNER OR CONTRACTOR Crescent Resources Dev // Strom Const Inc PHONE: Business _____ Home _____

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

LOCATION Perth Rd. N. TL Fern Hill Rd TL Wildwood Cove lot 1 on Right NEAR END SFE on left ~200'± before lot

SUBDIVISION Wildwood Cove BLOCK / SECTION _____ LOT 14/14A LOT AREA 25,190 sq ft 1.505 ac SITE CLASS. PS* DESIGN FLOW 480 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 825 Date 4/3/03

Pump Tank: 1000 Gallons; PT 302 Date 4/8/03

Pump Make: Zoeller Model N163 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" Gravel Depth N/A

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

System Description: PM Innovative 25 sqft on 14A

Repair System Description: LP Innovative on 14A

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bathrooms 4 No. Employees _____

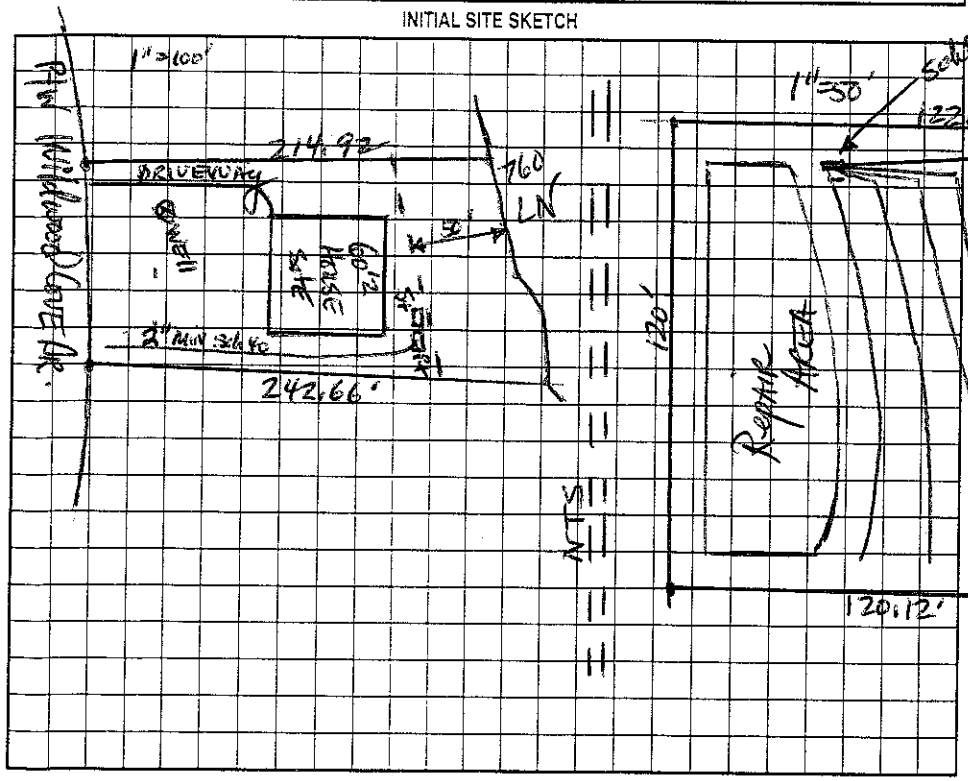
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

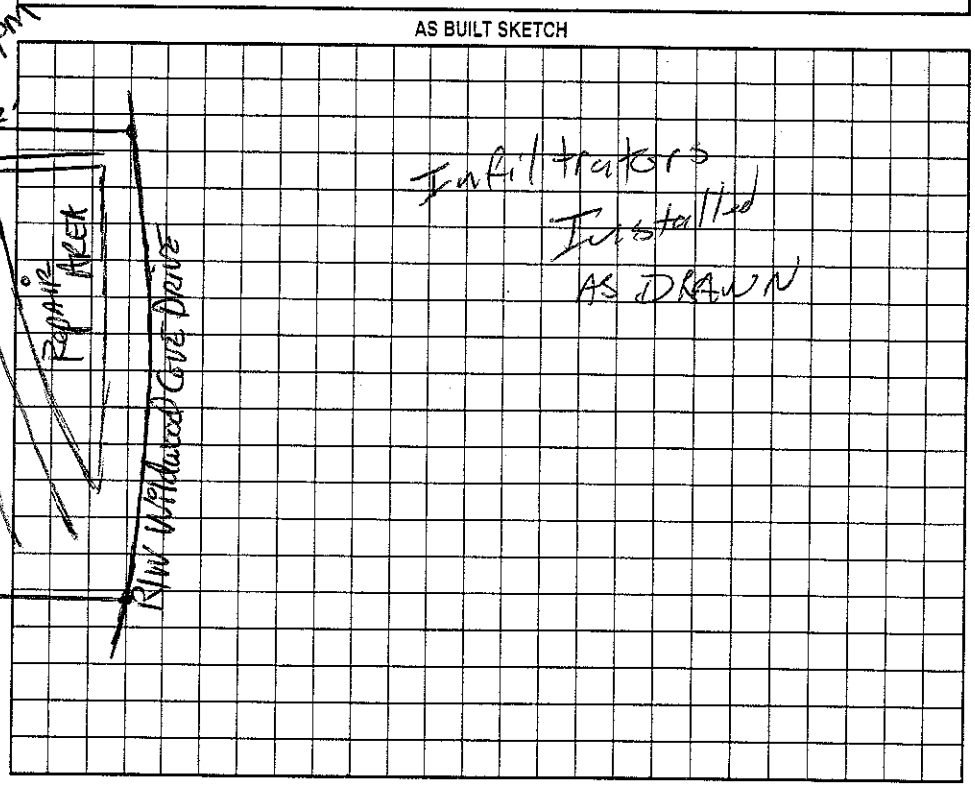
Comments:/Conditions:

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 2-21-01 Installed by: Rowan Septic

Improvement Permit by: _____ date 2-13-01 Operation Permit by: _____ date 11/14/03

Authorization to Construct by: _____ date 4-17-03 Existing System Inspection by: _____ date _____

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