IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (D) MOORESVILLE 704-664-5281

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

PERMIT# 17857 PIN# 4648 32 8497.3 4648-32-8688 DATE 1/7/05

OWNER OR CONTRACTOR LANE WILSON DEVELOPMENT INC PHONE: Business _____ Home _____

ADDRESS 8915 WARWICK LN SHERRILLS FORD NC 28673

LOCATION 150 W -TR BLUEFIELD RD - TL BIG INDIAN LOOP - TL CEDARWOODS DR. * 3RD LOT ON LT.

SUBDIVISION CEDARWOODS BLOCK / SECTION _____ LOT 3 LOT AREA .6 AC SITE CLASS. PS DESIGN FLOW 450GPD L.T.A.R. .3 GPD/FT

Septic Tank: 1000 Gallons; STB 1012 Date 7/25/04
Pump Tank: 1000 Gallons; PT 17 Date 9/1/04
Pump Make: Zoeller Model WE0-511 Serial No. _____
Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270'
No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth #1

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: LP PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

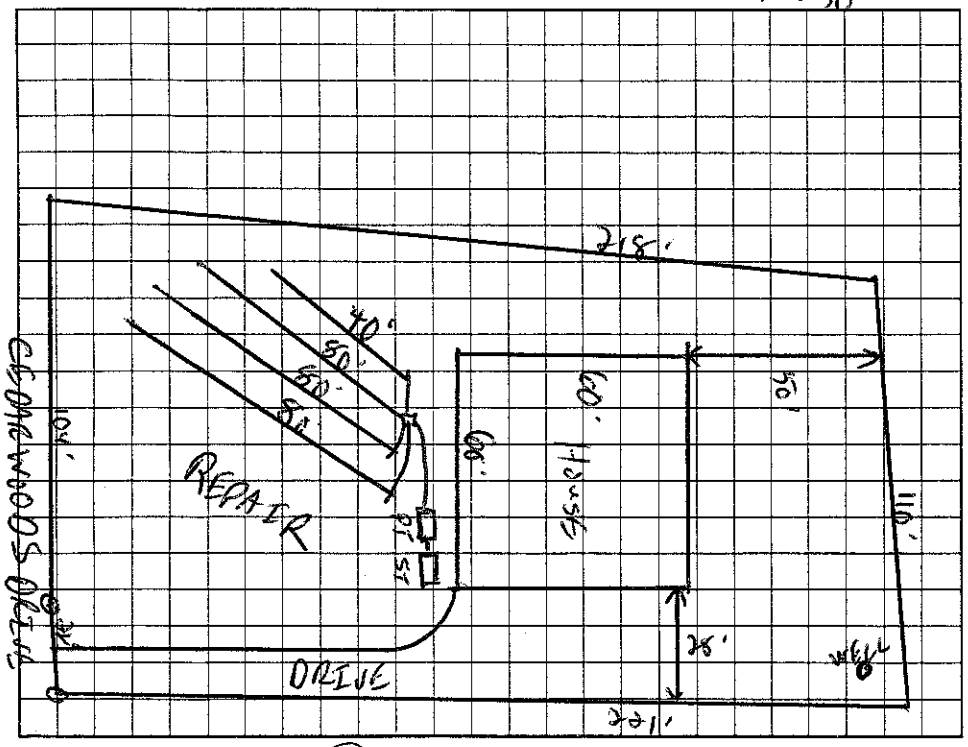
Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

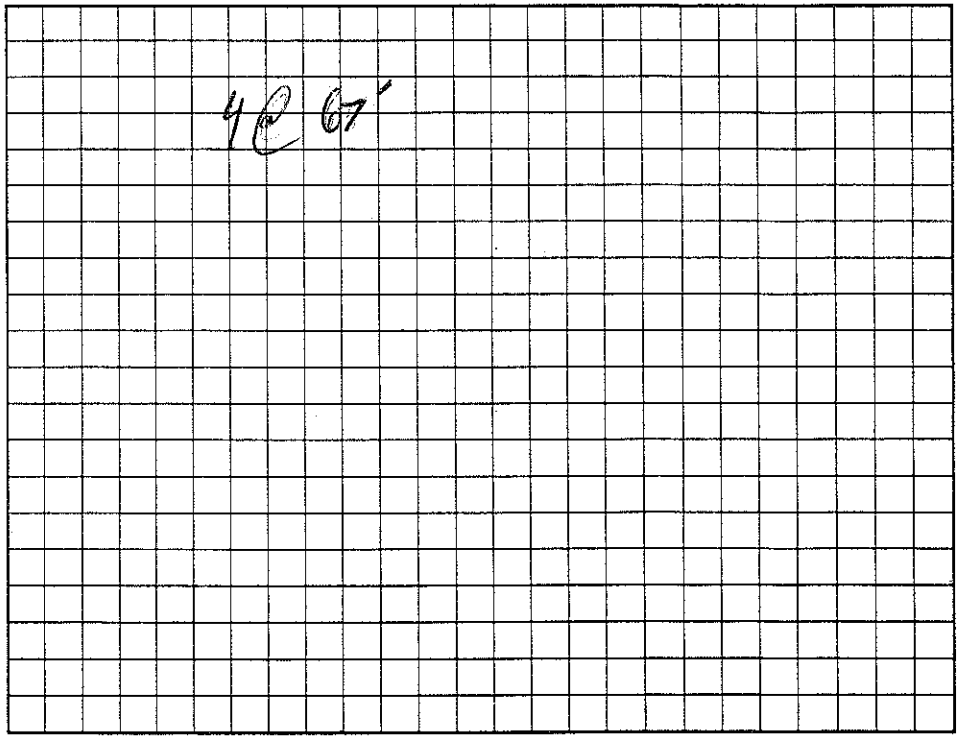
Comments:/Conditions:

64 feet 3/16" holes

INITIAL SITE SKETCH 1" = 50'



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: Deborah Kotulla date 1-7-05 Installed by: C + S

Improvement Permit by: C. Sz RS date 1/7/05 Operation Permit by: Wesley Sparks date 2/18/05

Authorization to Construct by: C. Sz RS date 1/7/05 Existing System Inspection by: _____ date _____

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