4.00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079093 PIN# 4648876262 DATE 4-11-2000

OWNER OR CONTRACTOR Kim Craver (Piedmont Housing) PHONE: Business 528-7126 Home 663-1684

ADDRESS

LOCATION Hwy 21 N TL Cornelius TR Dorothy Ln on Lt. Near end.

SUBDIVISION Wood Hills BLOCK / SECTION LOT 2 LOT AREA 1.26 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 4-3-00
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400
No Lines 4 at 100' Trench Width 18" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees

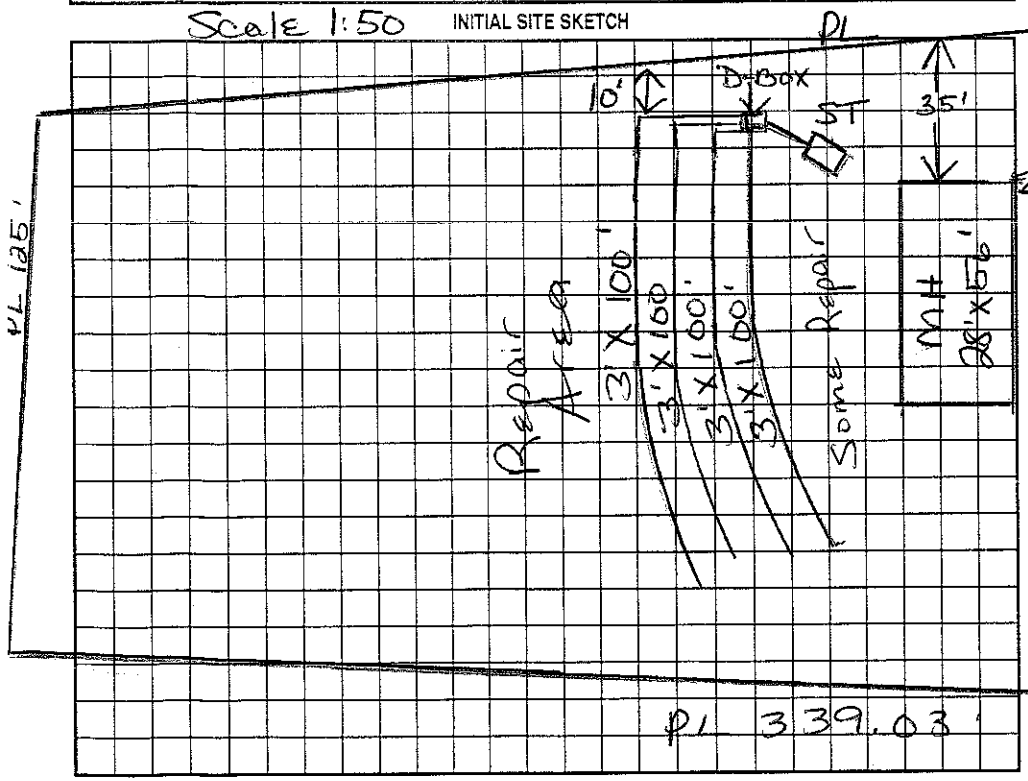
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

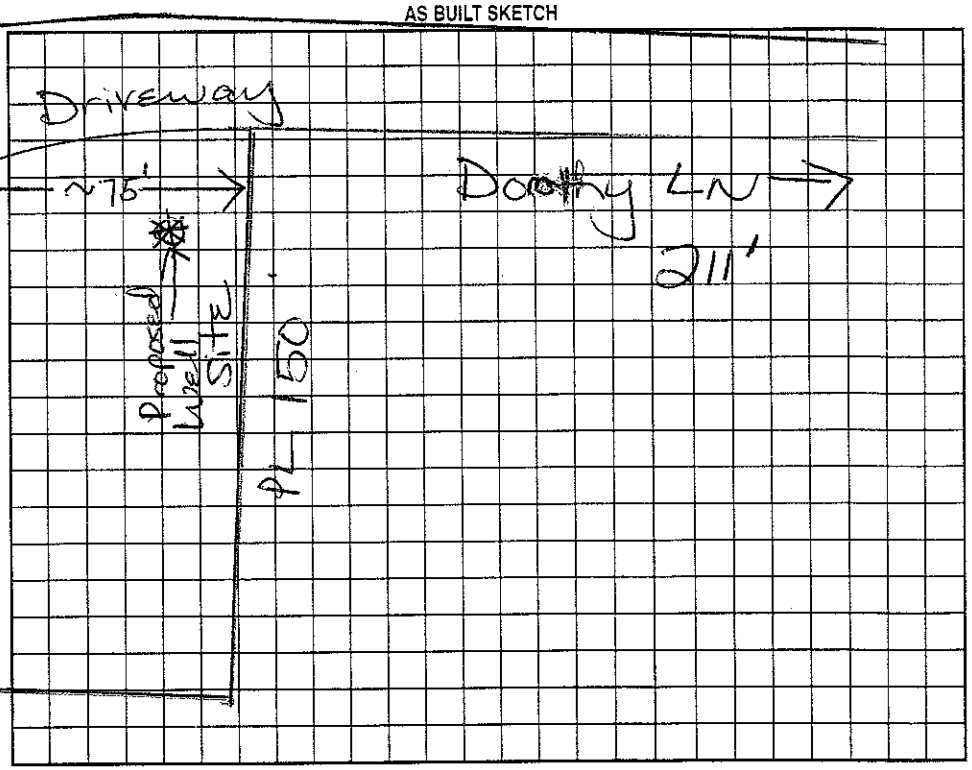
Comments:/Conditions: Keep Septic System at least 10' From PL, 5' From House & 100' from well.

Comments:/Conditions: Installed as Shown ~~Shall~~ Not installed yet, at time of Inspection.

Scale 1:50 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: Kimberly Craver date 4-13-2000 Installed by: Craig Thompson

Improvement Permit by: Maria H. Dobson RS date 4/12/2000 Operation Permit by: Maria H. Dobson RS date 5/18/2000

Authorization to Construct by: Maria H. Dobson RS date 4/12/2000 Existing System Inspection by: date

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