IREDELL COUNTY HEALTH DEPARTMENT

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

4:00

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

PERMIT# 091064 PIN# 4659 06 8261 PF. 4649859275 DATE 12/12/00

OWNER OR CONTRACTOR Fleetwood - Piedmont Homes PHONE: Business 528-7120 Home

ADDRESS 115-21 N Trout man, NC. 28166

LOCATION 115-21 N, TL Sanlewinds TL Capitol Bay TR Clear Springs Rd. to cul de sac

SUBDIVISION Wenwood Pointe BLOCK / SECTION 3 LOT 160 LOT AREA 1.12 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 312 Date 9/19/2000

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

No Lines 4@100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: GRAVITY - CONVENTIONAL

Repair System Description: PRESSURE TO CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

☐ Other ____

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

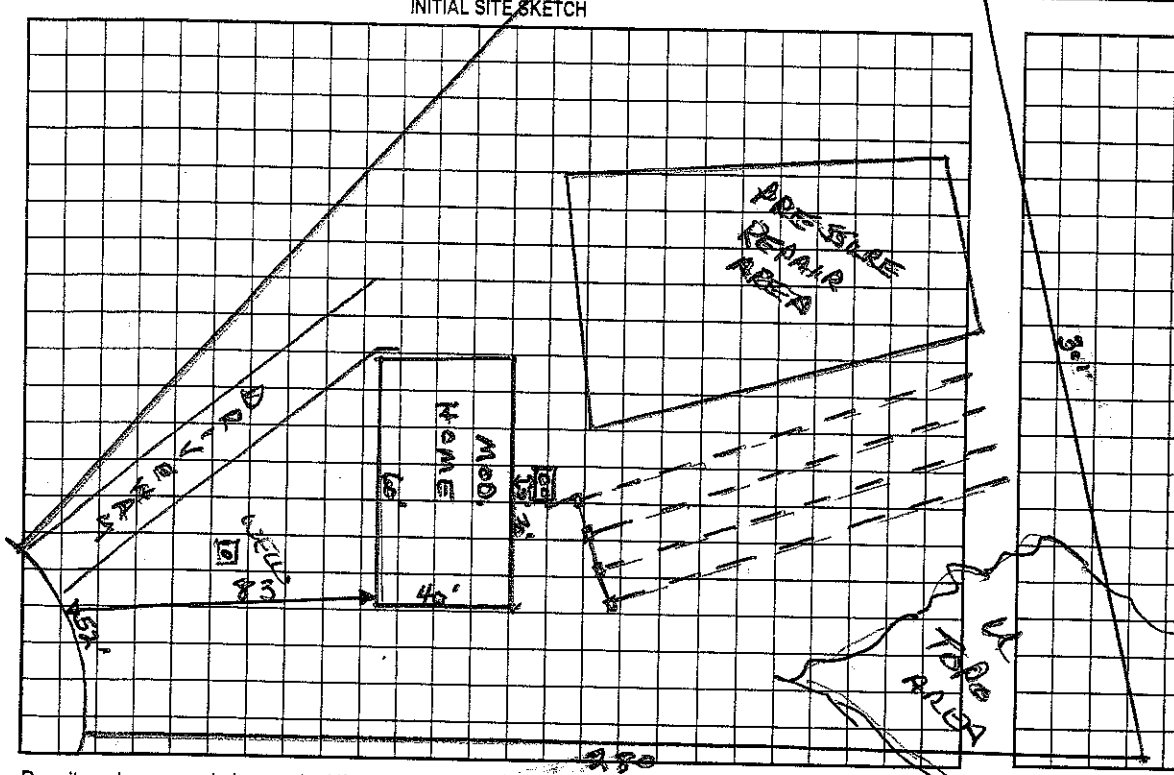
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

340

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: * Nuddan Carbenus date ____

Improvement Permit by: Wesley Sparks RS. date 12/12/00

Authorization to Construct by: Wesley Sparks RS. date 12/12/00

Installed by: Craig Thompson

Operation Permit by: Wesley Sparks RS date 12/15/00

Existing System Inspection by: ____ date ____

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