IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 12500 Paid 2:00? MOORESVILLE 704-664-5281

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

PERMIT# 093626 PIN# 4659 44 ~~5360~~ 5360 DATE 12/28/00

OWNER OR CONTRACTOR John Patrick Woodie PHONE: Business _____ Home 336-372-4356

ADDRESS 398 Antioch Ch. Rd. Sparta, NC 28675

LOCATION 115-2N TR Freeze Crossing to 7th drive on (R)

SUBDIVISION FREEZE CROSSING BLOCK / SECTION _____ LOT 25 LOT AREA ~5.7Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 312 Dellinger Date 10-14-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 3 ~~2~~ Trench Width 3' Max Trench Bottom Depth 30-32" Gravel Depth No

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

System Description: GRAV - 25% Reduced

Repair System Description: Pressure - 25% Reduced

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Bathrooms 3 No. Employees ____

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

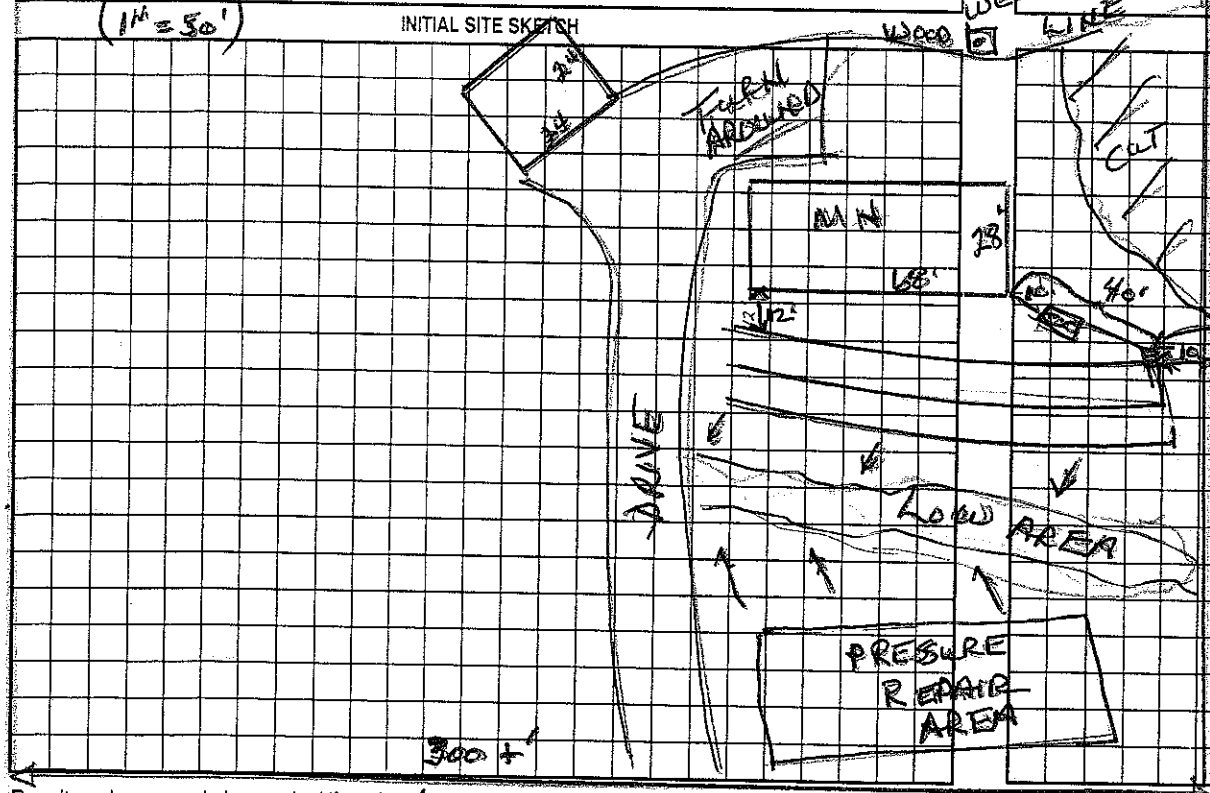
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

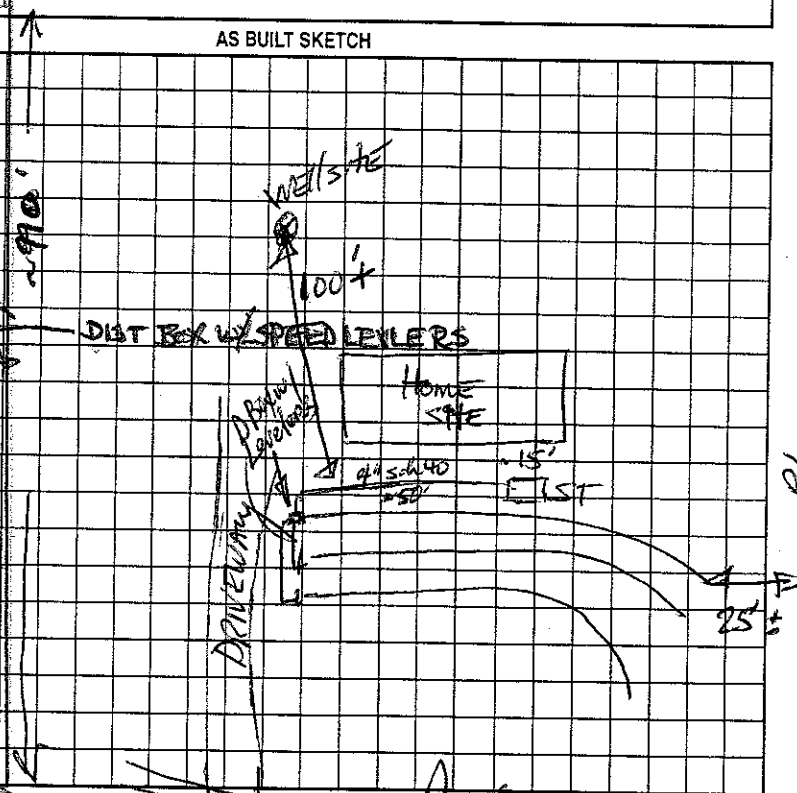
Comments/Conditions: Jan 4 2001 Well not drilled; Home not set up. FREEZE Way/Lane used

(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: John T. Woodie date 01/02/01

Improvement Permit by: Wesley Sparks R.S. date 12/28/00

Authorization to Construct by: Wesley Sparks R.S. date 12/28/00

Installed by: Larry Woodie

Operation Permit by: _____ date Jan 4, 01

Existing System Inspection by: _____ date _____

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