IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 Paid 125.00 MOORESVILLE 704-664-5281

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

PERMIT# 101471 PIN# 4665-31-0722 DATE 9/26/01

OWNER OR CONTRACTOR Chester M. Eddins PHONE: Business _____ Home _____

ADDRESS 203 Wildwood Acres Mooresville NC 28115

LOCATION Shears TR Wildwood Acres at end on Lt 203 Wildwood Ac.

SUBDIVISION Wildwood Acres BLOCK / SECTION _____ LOT 14 LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: ~~Existing~~ 1000 Gallons; STB 1012 Date 6/2/2001
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 150 Linear Feet 50
No Lines 1 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Panel Block Addition
Repair System Description: LP Panel
Maintenance Agreement Required: ☐ Yes ☒ No

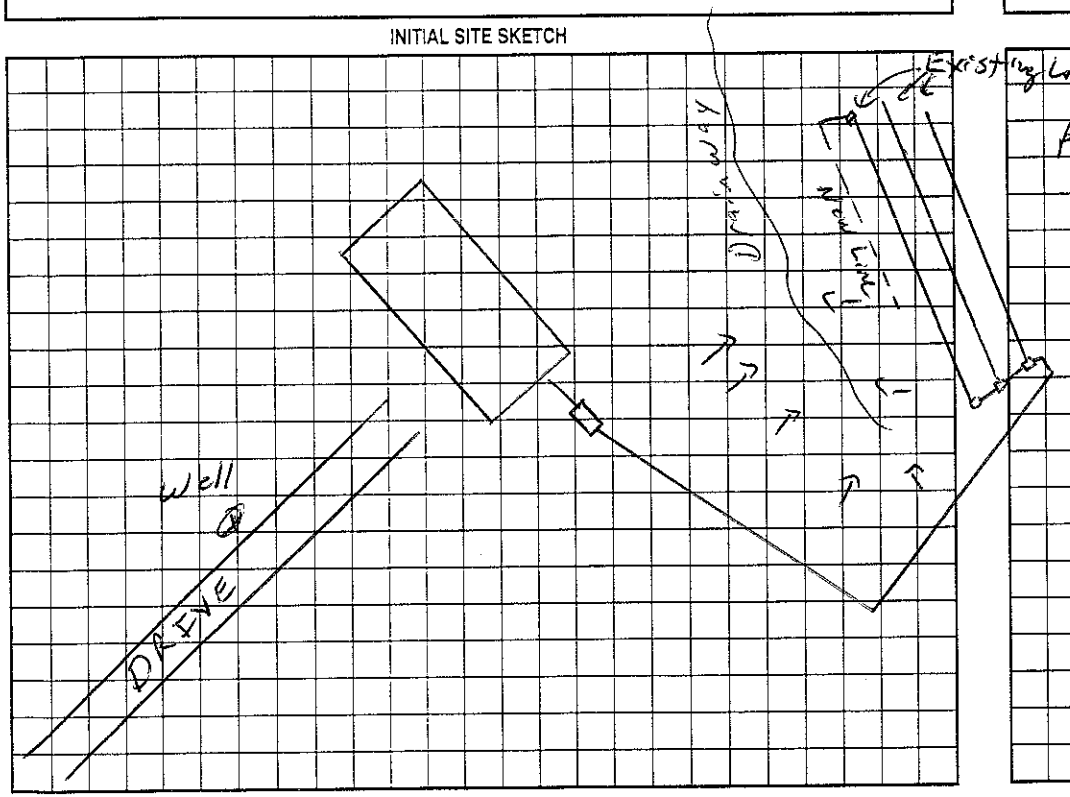
☒ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Existing

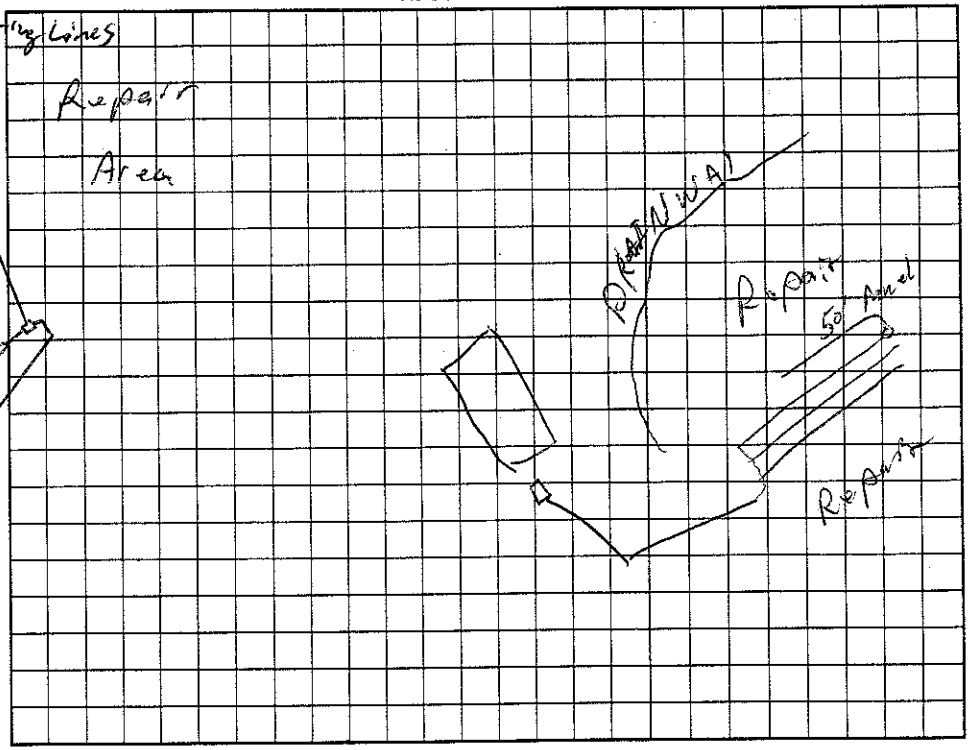
Comments:/Conditions:

Comments:/Conditions:
New Tank Installed - Existing tank was damaged
Existing Tank was crushed & Filled

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 9-26-01 Installed by: A-1 Backhoe

Improvement Permit by: _____ RSF date 9/26/01 Operation Permit by: _____ RSF date 9/26/01

Authorization to Construct by: _____ RSF date 9/26/01 Existing System Inspection by: _____ date _____

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