IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100753 PIN# 4665 42 3446 DATE 6/7/01

OWNER OR CONTRACTOR Ken D. Neiswonger PHONE: Business _____ Home 704-289-4849

ADDRESS 130 Wildwood Acres Mt Mourne, NC. 28115

LOCATION Shearers S TR Wildwood Acres, #130 on (R)

SUBDIVISION Wildwood Acres BLOCK / SECTION _____ LOT 27A LOT AREA .51 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1006 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 Linear Feet 100

No Lines 1 Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

[X] New System [ ] Repair System Type: I, (II), III, IV, V, VI

System Description: Adding 100' To System

Repair System Description: _____

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 1.5

[ ] Business No. Employees _____

[ ] Other _____

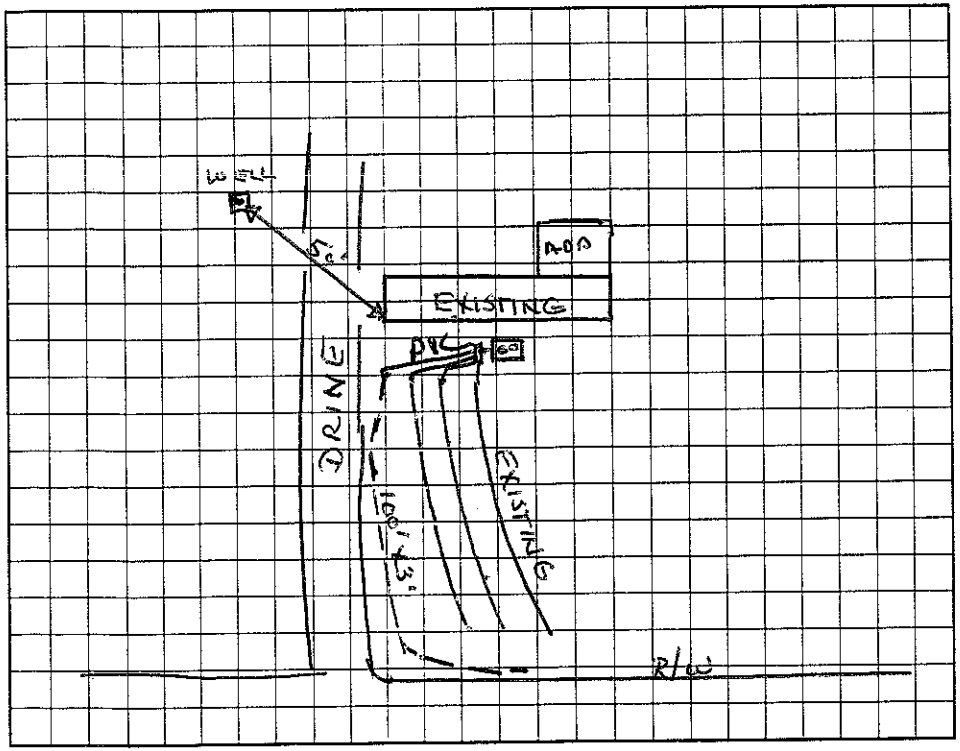
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

Comments/Conditions: 1/4" fall per 10' length.

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: *Ken D Neiswonger date 6-7-01

Improvement Permit by: Wesley Sparks RS. date 6/7/01

Authorization to Construct by: Wesley Sparks RS. date 6/7/01

Installed by: Ken Neiswonger

Operation Permit by: Wesley Sparks RS. date 6/21/01

Existing System Inspection by: _____ date _____

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