# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12517 PIN# 4677803096 DATE 12-6-04

OWNER OR CONTRACTOR Wayne Homes Mid Atlantic LLC PHONE: Business 872-8989 Cell 902-4038 Brian Home 336 782-9262 Scott Cushing

ADDRESS 130 Victory Lane Statesville NC 28625

LOCATION Hwy 152 East TR Teeter Rd TL Magnolia Ridge on Corner

SUBDIVISION Magnolia Ridge BLOCK / SECTION ____ LOT 5 LOT AREA 1.0 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9/1/04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. 540'

Nitrification Field: No Fields 1 Square Feet 1620' Linear Feet 535'

No Lines 4@135' Trench Width 36" Max Trench Bottom Depth 23" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description Gravity - 25% Reduction

☐ Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 4 No. Bathrooms 2.5 No. Employees ____

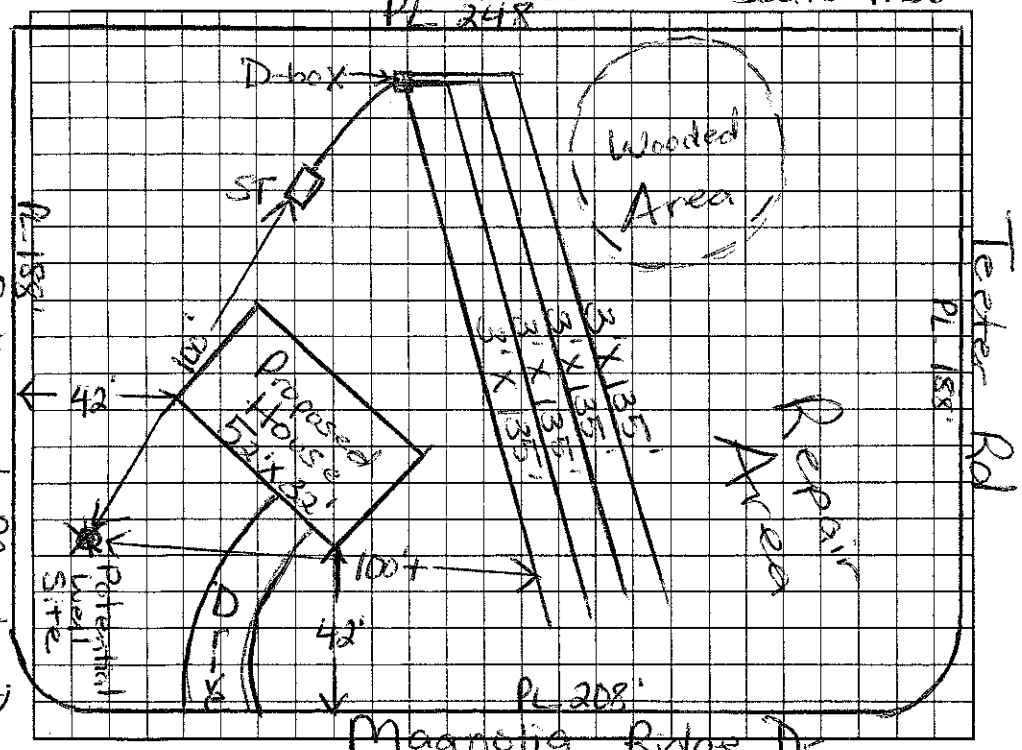
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System 100' to well, 10' to PL & 10' to House

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:50'




AS BUILT SKETCH

Installed As Drawn

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: Scott Cushion date 12-8-04 Installed by: C+S Grading

Improvement Permit by: Maria H Lopez RS date 12/6/04 Operation Permit by: [signature] RS date 4/6/05

Authorization to Construct by: Maria H Lopez RS date 12/6/04 Existing System Inspection by: ____ date ____

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