IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92869 PIN# 4702 68 3390 DATE 11-15-00

OWNER OR CONTRACTOR Silver Wave Prop. PHONE: Business (704) 532-6525 Home

ADDRESS 5551 Monroe Rd Charlotte NC 28212

LOCATION Old Mtn. R Lewis Ferry, L Raefield on Rt.

SUBDIVISION Raefield BLOCK / SECTION — LOT 6 LOT AREA 0.68 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 799 Date 4-21-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6@67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity Conventional
Repair System Description: Gravity PPBS
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

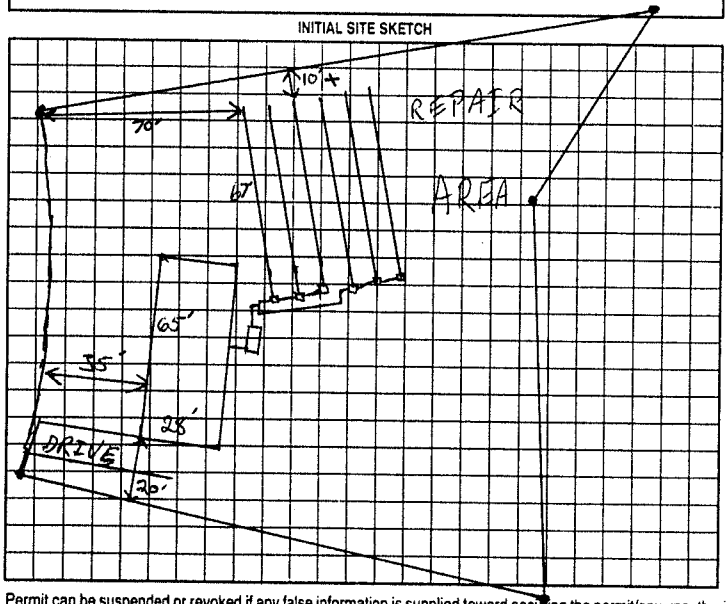
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply:
☐ Individual
☒ Public
☐ Community

Comments:/Conditions:

Comments:/Conditions. SEPTIC TANK WITH RISERS INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: James L. Dellinger date _____ Installed by: DELLINGER

Improvement Permit by: EJ Mitchell RST date 11-15-00 Operation Permit by: STEVE HEDRICK date 8-3-01

Authorization to Construct by: EJ Mitchell RST date 11-15-00 Existing System Inspection by: _____ date _____

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