IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101174 PIN# 4702-68-4565 DATE 7-16-01

OWNER OR CONTRACTOR SILVER WAVE PROPERTIES PHONE: Business (704) 873-4862 Home

ADDRESS c/o 613 E. LEWIS FERRY RD, STATESVILLE NC 28677

LOCATION I-40 W, TL OLD MTN. RD, TR LEWIS FERRY RD, TL RAEFIELD DR, 3RD LOT ON LEFT

SUBDIVISION RAEFIELD BLOCK / SECTION ____ LOT 12 LOT AREA 0.92 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons: STB 825 Date 11-29-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: (I) II III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

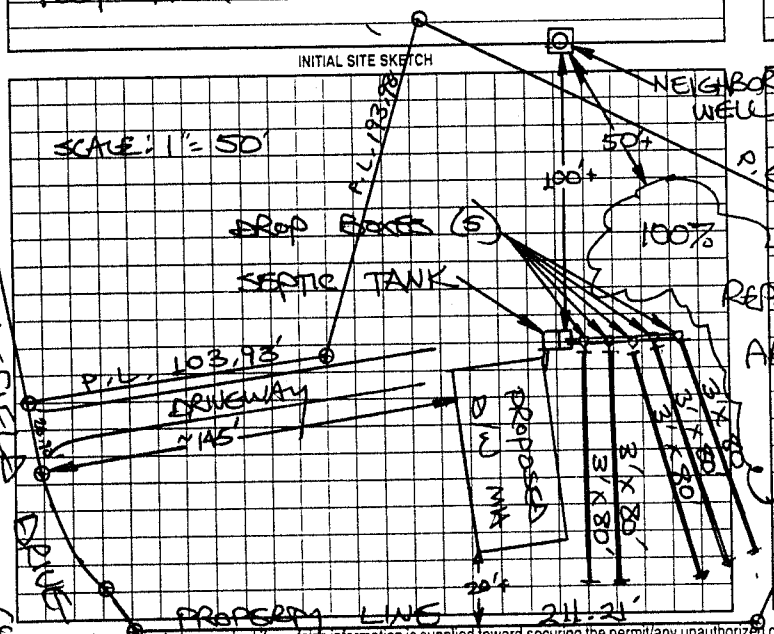
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☐ Individual ☑ Public ☐ Community

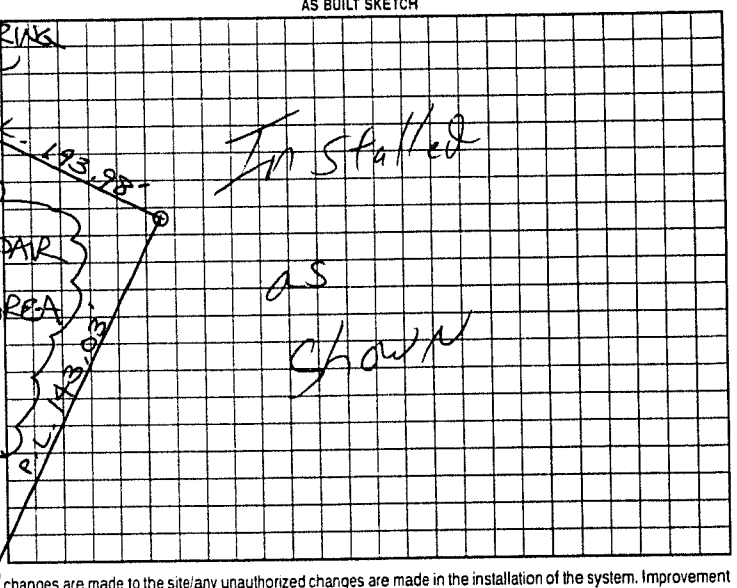
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: Poly Lok Filter Installed
No MH on lot at time of septic installation 1/29/02.

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: James J Bumbley date 7-16-01 Installed by: Rowan Septic + Grading

Improvement Permit by: STEVE HEDRICK date 7-16-01 Operation Permit by: William O Johnson date 1/29/02

Authorization to Construct by: STEVE HEDRICK date 7-16-01 Existing System Inspection by: ____ date ____

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