IREDELL COUNTY HEALTH DEPARTMENT

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

This Voids All Previous Permits

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

PERMIT# 77944 PIN# 4706505747 DATE Dec 13 99

OWNER OR CONTRACTOR Tim WARNER PHONE: Business _____ Home 871 8557

ADDRESS 115 Shady Fork Rd Stony Point NC 28678

LOCATION Hwy 90 W (R) Wildhurst To End on Right

SUBDIVISION Wildhurst BLOCK / SECTION _____ LOT 19 LOT AREA .46 SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 317 Date 9-28-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: GRAVITY Conventional
Repair System Description: Stone Reduction
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12"

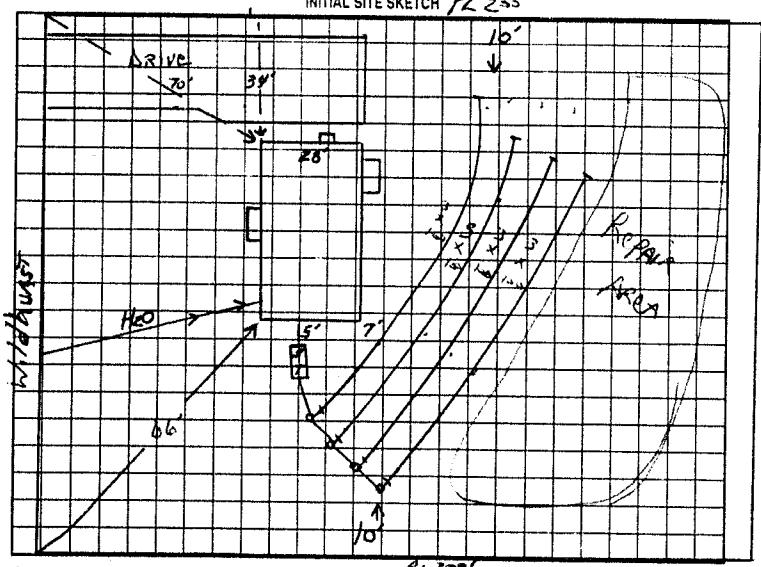
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

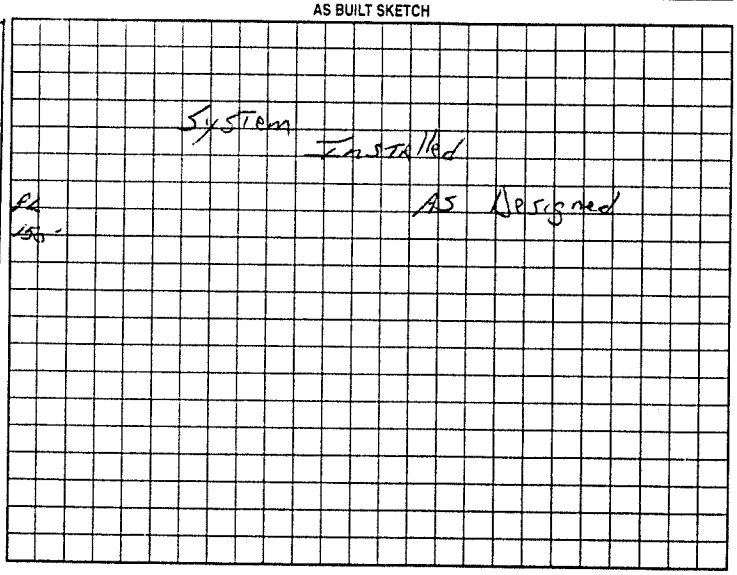
Comments/Conditions: Landscape To Provide drainage

Comments/Conditions.
Top Two Trench on 8 Ft Center
Top Three Lines Last 8:10 Ft is old Fill Area

INITIAL SITE SKETCH PL 200'



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: T Warner date 12/13/99 Installed by: Craig Thompson

Improvement Permit by: Jc Potter date Dec 13 99 Operation Permit by: Jc Potter date March 30, 2000

Authorization to Construct by: Jc Potter date Dec 13 99 Existing System Inspection by: _____ date _____

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