IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 74576 PIN# 4639734550 4720-50-5032 5034 DATE 1-12-99

OWNER OR CONTRACTOR Pete + Sherry Smith PHONE: Business 892-1509 Home

ADDRESS 191 Britsepport Dr. Mooresville, N.C.

LOCATION State PK R2 TL Wiltlife Rd TR Sciera TL Deer Run TR Eagle Chase 5th lot on rt

SUBDIVISION Wiltlife Bay BLOCK / SECTION 1 LOT 62 LOT AREA 35665 SF SITE CLASS. P5 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 317 Date 4-26-99

Pump Tank: 1000 Gallons; PT Date 6-30-99

Pump Make: Hydromatic Model SHEF 50A-1 Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pressure Dosed Panel

Repair System Description: " " "

Maintenance Agreement Required: ☑ Yes ☐ No

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

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

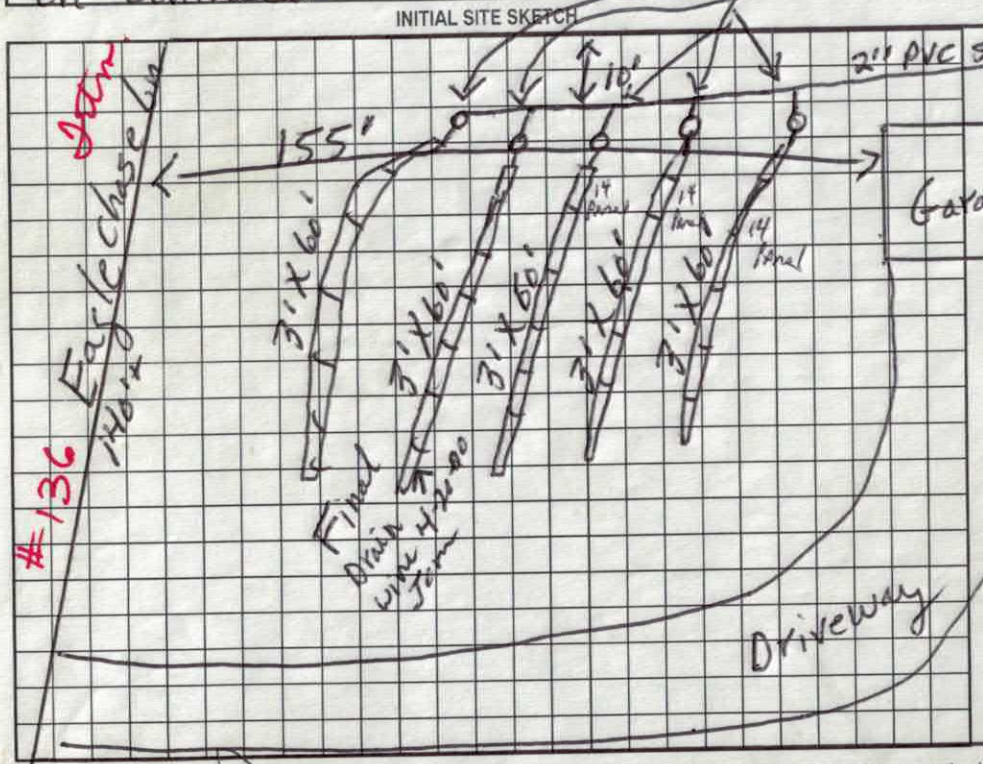
☐ Other

Water Supply: ☐ Individual ☐ Public ☑ Community

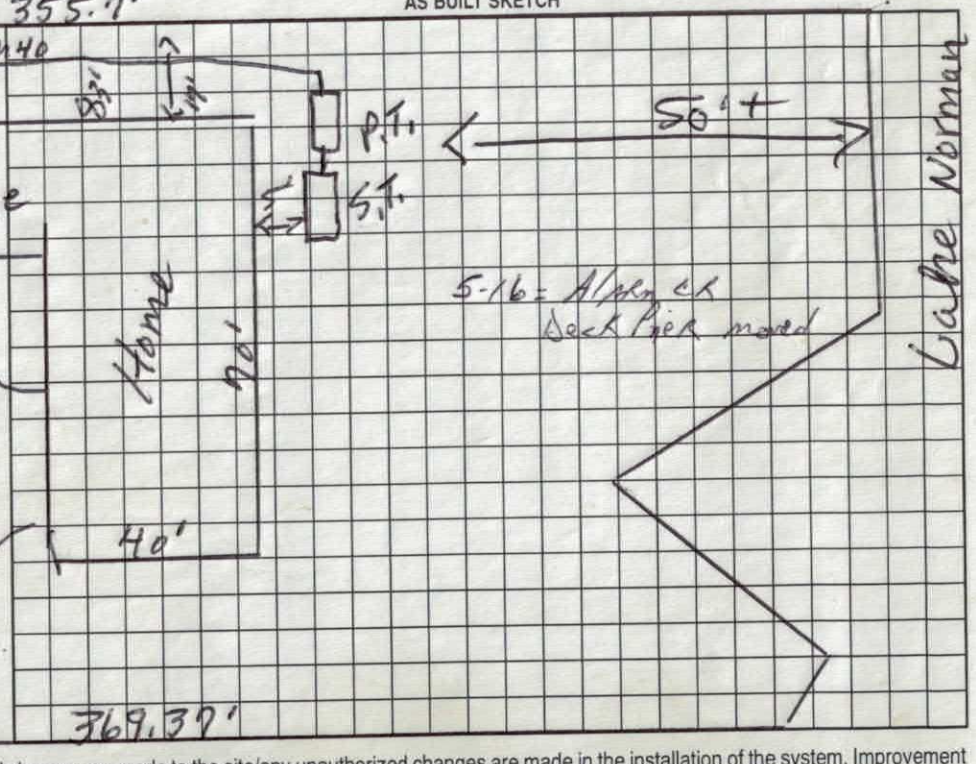
Comments:/Conditions: See Attached Sheets For P.T. + Pressure line Setup. Also Before operations Permit can be issued certified operator must be on contract.

Comments:/Conditions: Apr/14: Bottom 3 Lines installed As shown Inspected Top 2 Lines Pressure Check + checked + set valves Jcm 4-24-00

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: Mark Moore date 1-15-99 Installed by: C + W Grading

Improvement Permit by: Mark Moore date 1-12-99 Operation Permit by: J. Potter date MAY 16 2000

Authorization to Construct by: R.C. Moore date 1-12-99 Existing System Inspection by: date

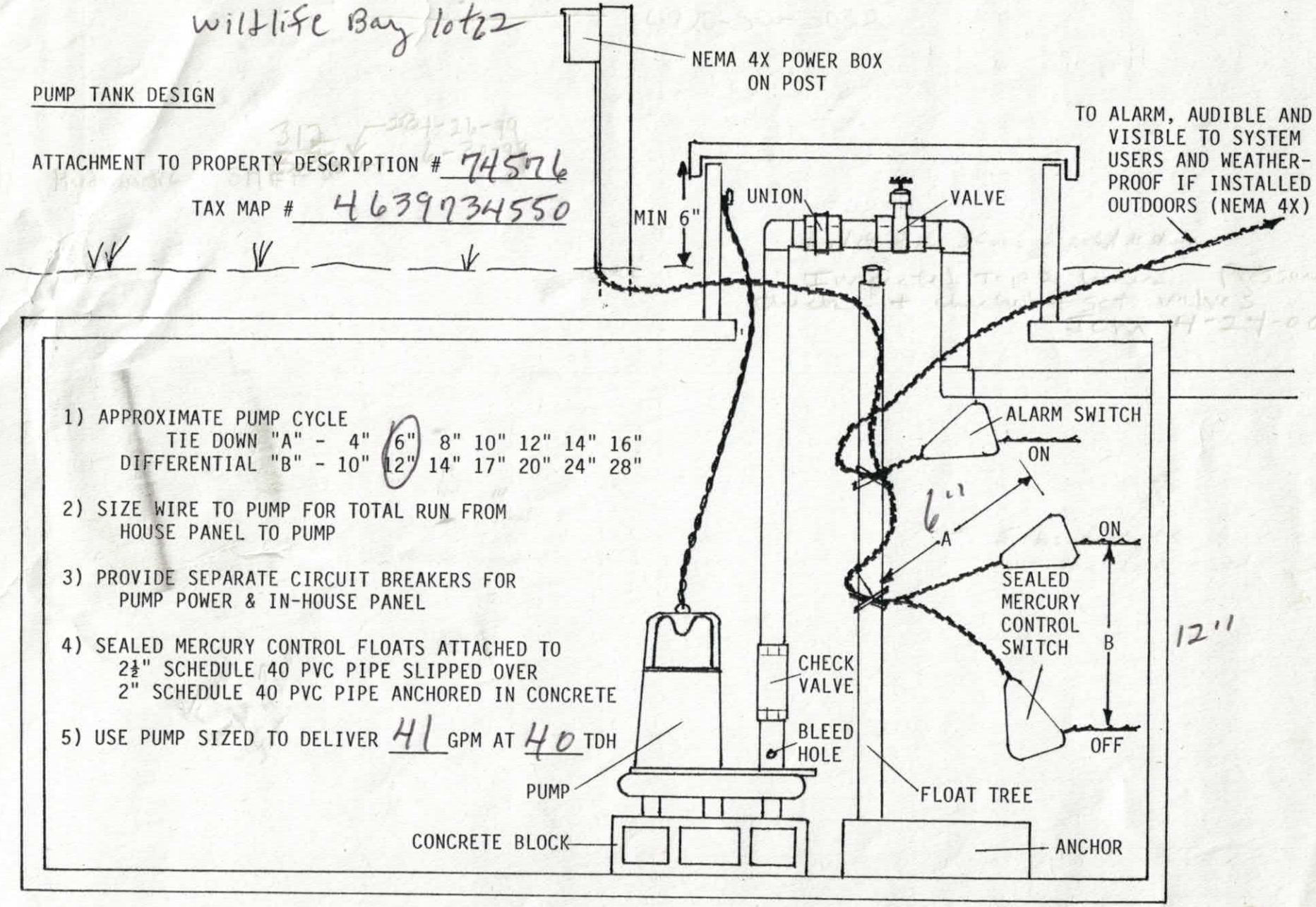
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Pete Smith
Wildlife Bay lot 22

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 74576

TAX MAP # 4639734550



1) APPROXIMATE PUMP CYCLE
TIE DOWN "A" - 4" (6") 8" 10" 12" 14" 16"
DIFFERENTIAL "B" - 10" (12") 14" 17" 20" 24" 28"

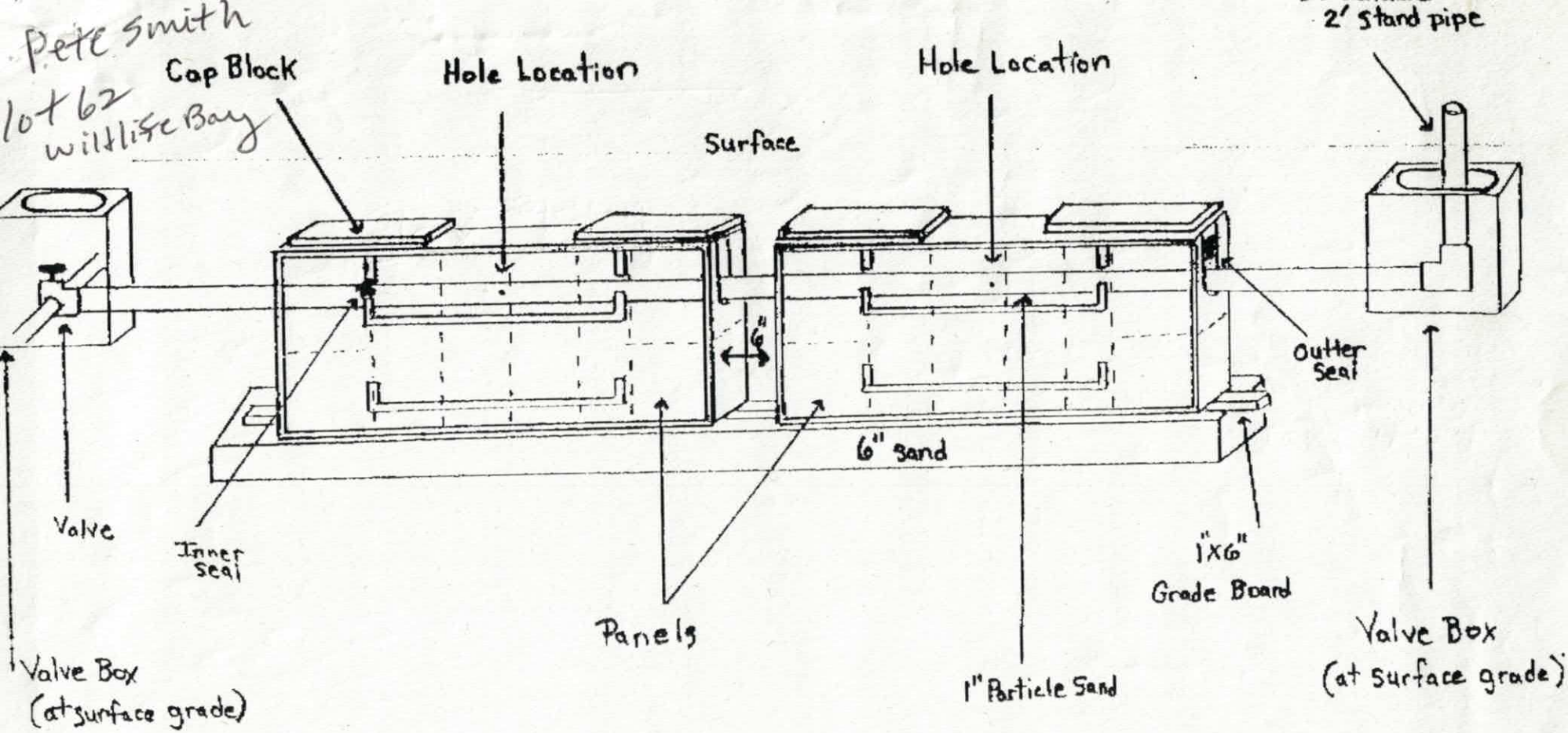
2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

5) USE PUMP SIZED TO DELIVER 41 GPM AT 40 TDH

Pete Smith
lot 62
Wildlife Bay



Pressure Dosed PPBPS

# of panels 69.
Size holes 3/16. 1 hole per panel.
Approximate amount of sand needed 65.
100lbs. of partical sand per 8 panels.
Sidewalls raked and limed.
GPM 41.
TDH 40.

Comments

08/25/98 TUE 09:40 FAX 704 484 5114 CCHD FIRST FLOOR 002

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

PETE J. SMITH	892-1509	191 BRIDGEPORT DR.	MOORESVILLE	NC	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code

PETE & SHERRY SMITH	191 BRIDGEPORT DR.	MOORESVILLE	NC	28115
Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

WILDLIFE BAY	62	BLOCK 1	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

COMMUNITY WELL		31
(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property STATE PARK RD, TL WILDLIFE RD, TR SIERRA, TL DEER RUN, TR EAGLE CHASE 5th LOT ON ~~LEFT~~ RIGHT

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home N/A Commercial N/A No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) N/A Basement N/A Basement with Plumbing X

Crawl Space N/A Concrete Slab N/A Garbage Disposal X Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

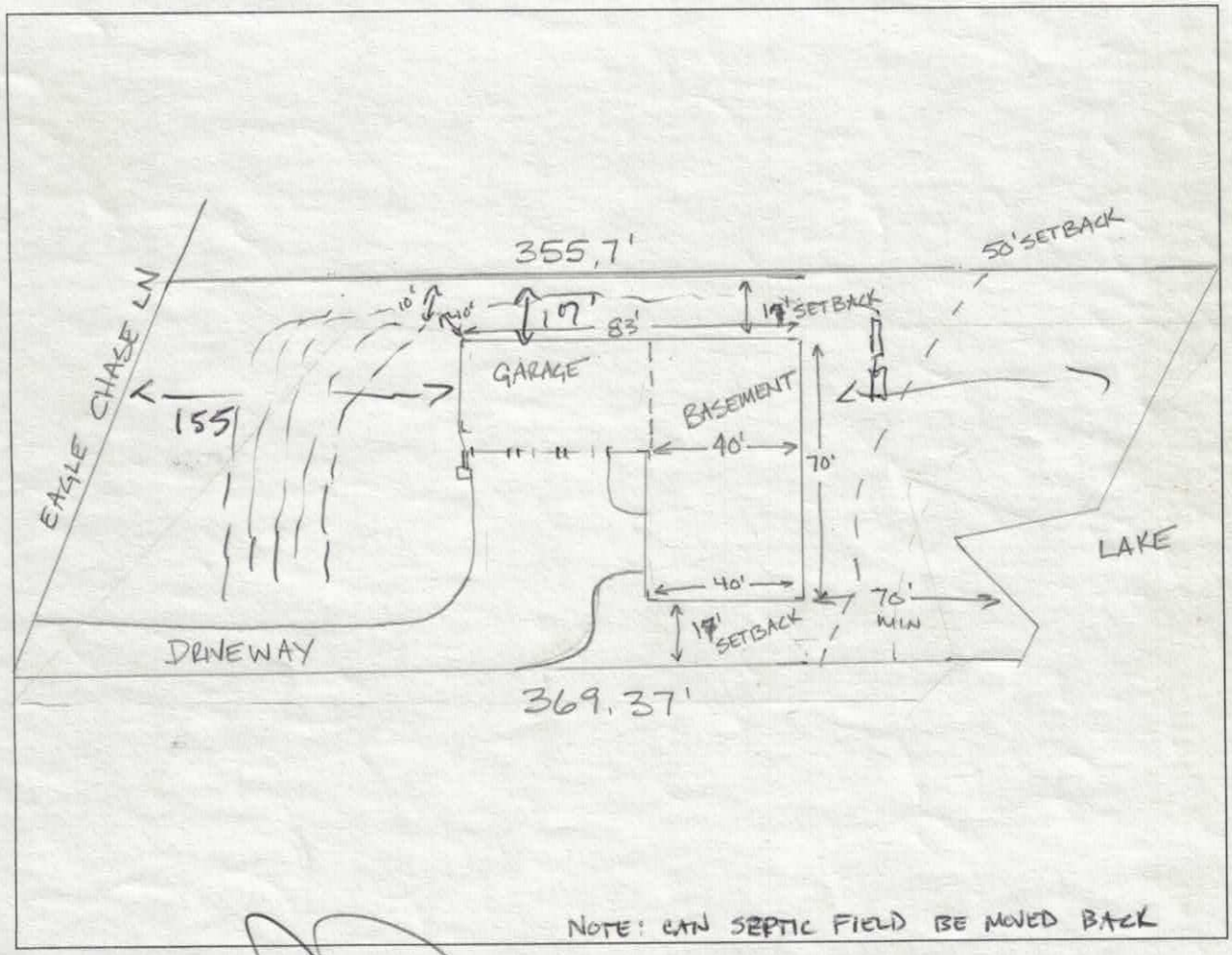
12/26/98 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit
Site Plan Form

INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

As Close To Scale As Is Possible: 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.



I hereby convenant that the above representation is correct to the best of my knowledge and ability.

12/26/98 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT# 074576 PIN# 4639734550 PT DATE 10/20

OWNER OR CONTRACTOR Crescent Resources PHONE: Business 663-6905 Home

ADDRESS P.O. Box 1003 Charlotte, NC 28201

LOCATION State Parks TL Wildlife TR Sierra TL Deer Run TR Eagle Chase 5th out

SUBDIVISION Wildlife BLOCK / SECTION I LOT 62 LOT AREA 35,665 SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .13

Septic Tank: 1000 Gallons; STB Date

Pump Tank: 1000 Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 5 @ 60' Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: LPP - Panel Blk *

** Offsite Repair System Description: Pump - 25% Reduction - Lot 62A

Maintenance Agreement Required: ☐ Yes ☐ No

Gravel Depth N/A

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

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

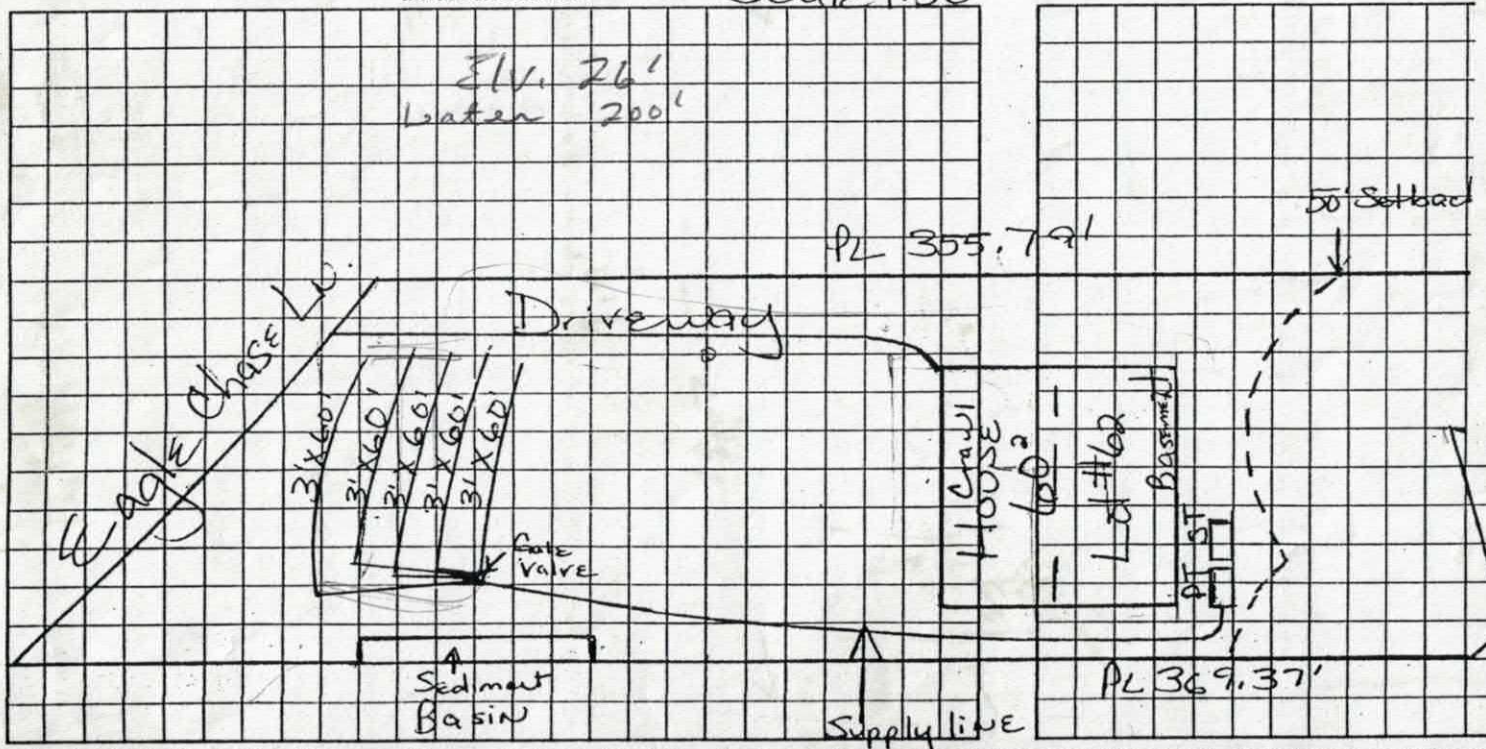
Wate ☐ In ☐ Pu ☒

Comments:/Conditions: * 25% Reduction in Drainfield Area. Keep Septic System 50' from Lake & 10' from PL

** Repair - Offsite on lot 62A.

Comments:/Conditions: Partial

INITIAL SITE SKETCH Scale 1:50



AS

Improvement Permit Only

Do Not Issue Building Permit

REDRAW

I understand that this 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 th tion 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 Pe to exceed sixty months.

Signed: Paul C. Pennington date 10-23-98 Installed by:

Improvement Permit by: Maria H. H. Dotson date 10/20/98 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

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