IREDELL COUNTY HEALTH DEPARTMENT

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

This Voids all Previous Dated Permits

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

PERMIT# 77020 PIN# 4639734550 DATE Feb 8 2000

OWNER OR CONTRACTOR Randy Welborn PHONE: Business _____ Home 896-9886

ADDRESS 18716 W. CATAWBA Ave Suite 370 Cornelius NC

LOCATION Hwy 21 S/L (B) State Park (Q) Wildlife Bay (R) Sierra Woods (R) Maple View Lot on Left Toward end.

SUBDIVISION Wildlife Bay BLOCK / SECTION II LOT 94 LOT AREA 48,596 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/3/00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II. (III) IV. V. VI

System Description: GRAVITY 25% Reduction

Repair System Description: LPP Block

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

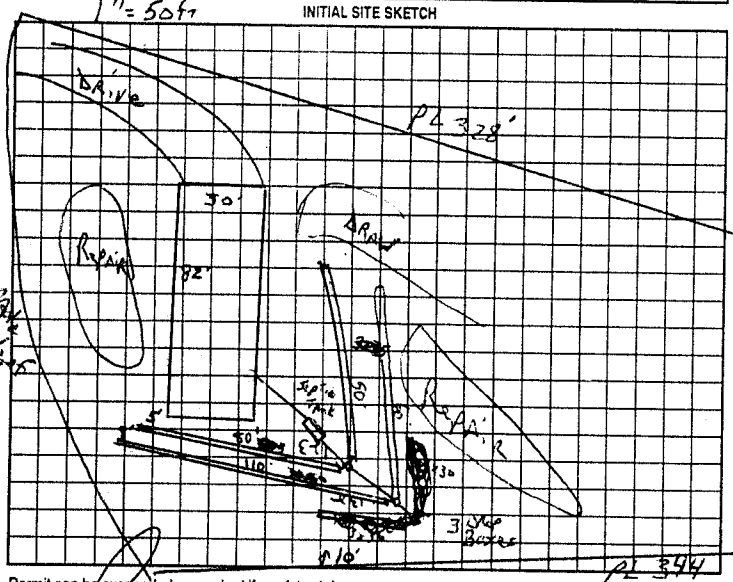
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

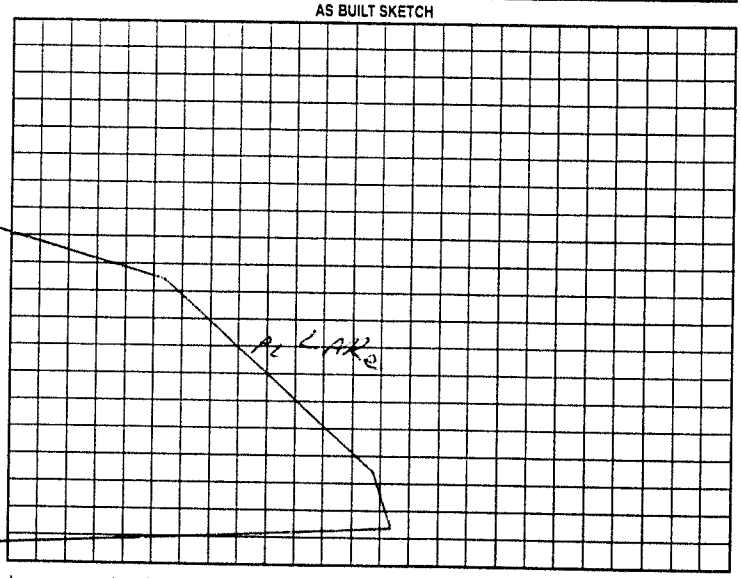
Comments:/Conditions: 50 chambers OR 30 HDS sections

Comments:/Conditions:

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: Randy Welborn date 2/9/00

Improvement Permit by: C Potter date Feb 8 2000

Authorization to Construct by: C Potter date Feb 8 2000

Installed by: ANDY DANIELS

Operation Permit by: C Potter RS date 10/13/00

Existing System Inspection by: _____ date _____

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