IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074847 PIN# 4639734550 PT DATE 9/24/2001

OWNER OR CONTRACTOR Dale Seedman PHONE: Business 437-2953 Home 663-7888

ADDRESS P.O. Box 4856 Mooresville NC 28117

LOCATION State Park Rd TL Wildlife Bay TR Sierra Woods at Intersection w/ Deer Run

SUBDIVISION Wildlife Bay BLOCK / SECTION I LOT 69 LOT AREA 72,779 SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1072 Date 10-2-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity - 25% Reduction

Maintenance Agreement Required: ☐ Yes X No

X House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees _____

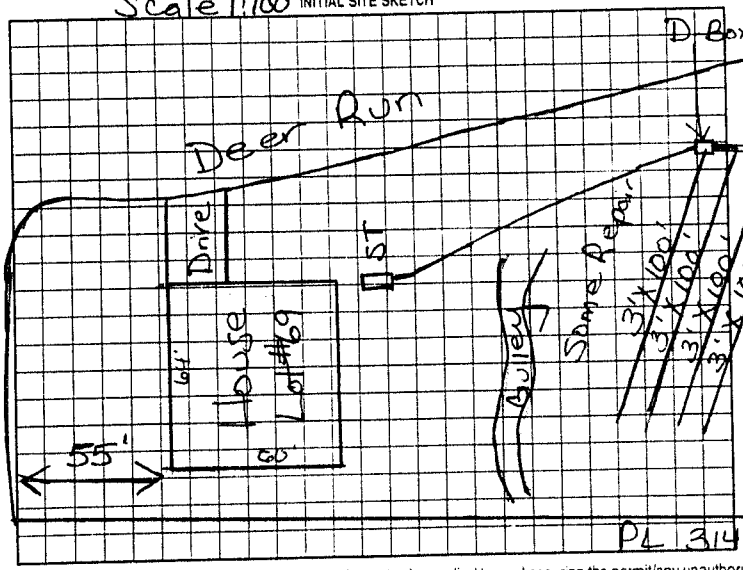
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public X Community

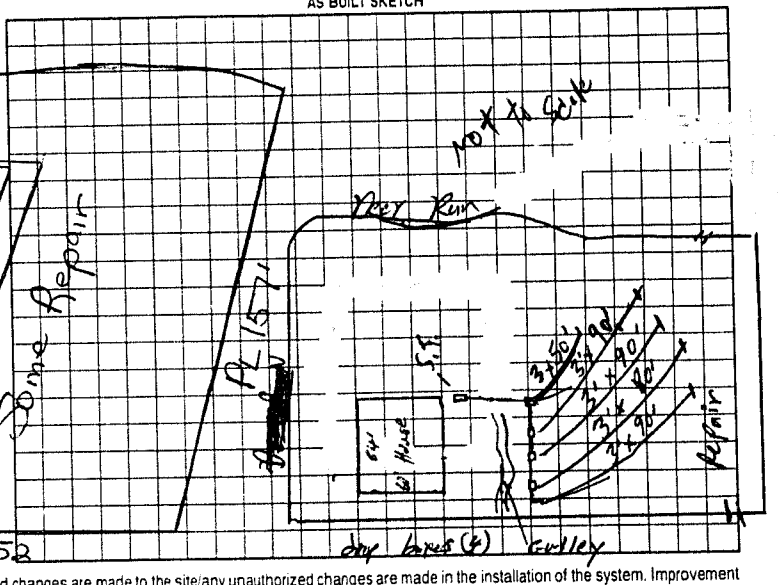
Comments/Conditions: Keep Septic System at least 10' From PL.

Comments/Conditions: - poly lok Filter installed
- S. T. marker Installed

Scale 1:100 INITIAL SITE SKETCH



AS BUILT SKETCH



Sierra Woods

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: Dale Seedman date 9/24/2001 Installed by: Tommy Frye

Improvement Permit by: Maria H. Dotson R.S. date 9/24/2001 Operation Permit by: William O. Johnson date 2/26/02

Authorization to Construct by: Maria H. Dotson R.S. date 9/24/2001 / Existing System Inspection by: _____ date _____

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