IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 74859 PIN# 4639 73 4550 DATE 11-15-00

OWNER OR CONTRACTOR James P. McGowan PHONE: Business Home (704) 552-6903

ADDRESS 5910 Bellechasse St. Charlotte NC 28210

LOCATION State Park Rd, L Wildlife, R Sierra Woods on corner with Maple View

SUBDIVISION Wildlife Bay BLOCK / SECTION 7 LOT 79 LOT AREA 35,847 Ft² SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1007 Date 6-11-01

Pump Tank: 1000 Gallons: PT 274 Date 9-18-00

Pump Make: ZOELLER Model N137-C Serial No. 006863A

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

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

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

System Description: Press. Man. 25% Red.

Repair System Description: Press. Man. PRBS

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

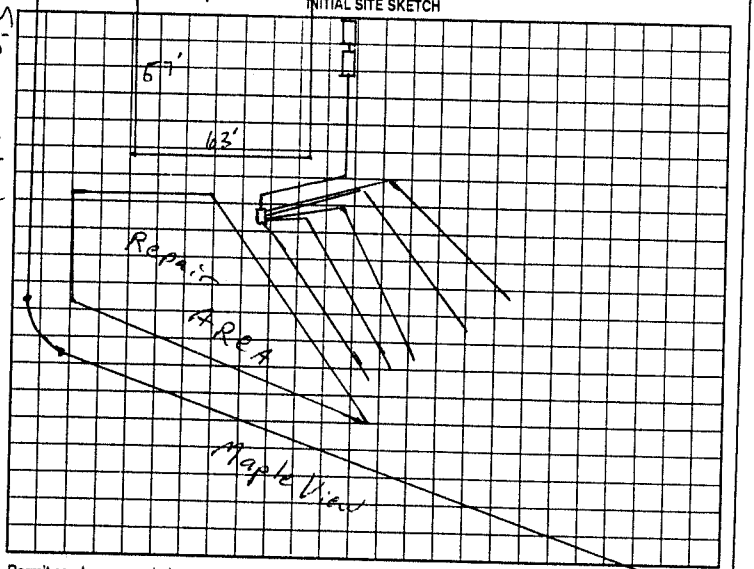
No. Bedrooms 3 No. Bathrooms 3 No. Employees —

Water Supply: ☐ Individual ☐ Public ☒ Community

Comments:/Conditions:

DRIVE

INITIAL SITE SKETCH



Comments:/Conditions: POLYLOK FILTER & MARKER

CHECKED LINES & TANK 8-23-01 (CC) NEEDS ELECTRICAL & PRESSURE SET

EVERYTHING CHECKED OK ELECTRICAL & PRESSURE

AS BUILT SKETCH

INSTALLED AS SHOWN

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: _____ date _____

Improvement Permit by: RSF date 11-15-00

Authorization to Construct by: RSF date 11-15-00

Installed by: WAYNE CLONTZ

Operation Permit by: KS date 9-21-01

Existing System Inspection by: _____ date _____

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