Posted 9/14/01 wdl

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077089 PIN# 4639734550 DATE 2-19-99

OWNER OR CONTRACTOR ~~Crescent Resources~~ Graham Central, Inc. PHONE Business _____ Home _____

ADDRESS P.O. Box 1003 Charlotte, NC 28201

LOCATION State Park Rd TL Wildlife Rd TR Sierra Woods TR Maple View

SUBDIVISION Wildlife Bay BLOCK / SECTION II LOT 114 LOT AREA 44,980 Ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 5-8-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth N/A

X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other _____

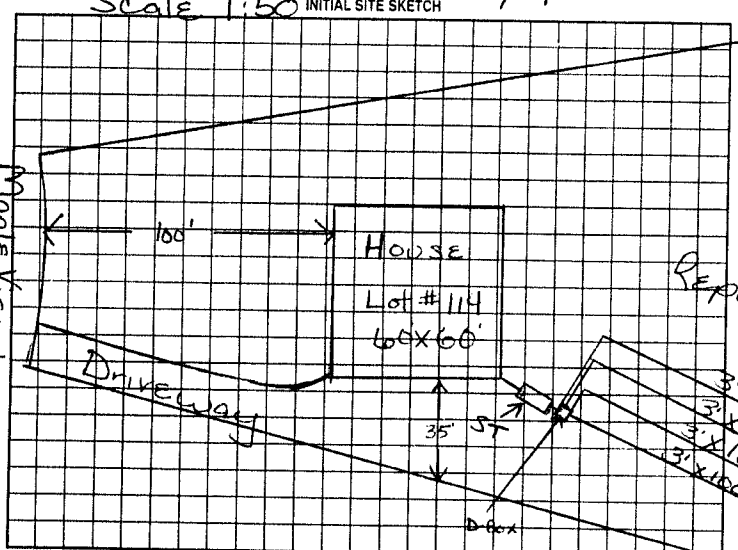
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

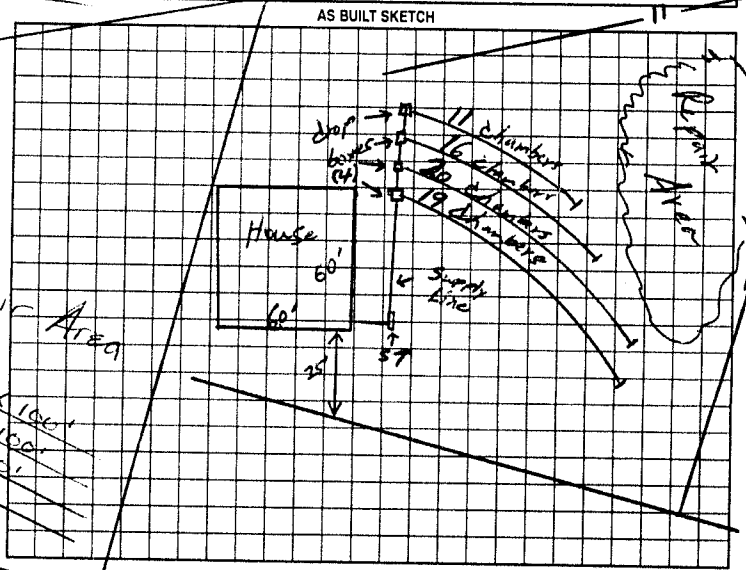
Comments/Conditions: Keep Septic System at least 10' from PL & 5' from House.
Owner Builder Provided House Plans 4/20/01 KBA

Comments/Conditions: Flagged Nitrification lines - 9/7/01 - WDL
- Infiltrator Chamber (66) Installed
- Poly Lok Filter Installed

Scale 1:50 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: _____ (Agent) date 4/13/99
Improvement Permit by: _____ date 2/19/99
Authorization to Construct by: _____ date 4/20/01

Installed by: Rowan Septic System
Operation Permit by: William O. Johnson date 9/13/01
Existing System Inspection by: _____ date _____

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