IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 81156 PIN# 4723947061

OWNER OR CONTRACTOR Erin/Dewey Wolfe DATE Aug 2, 99

ADDRESS 81 Spring Meadows, Statesville NC PHONE: Business 871 2332 Sunbelt Homes Home 528-0286

LOCATION Buffalo Shoals (L) Arey Rd 1.5 miles on Right

SUBDIVISION ____ BLOCK / SECTION ____ LOT ____ LOT AREA 1.03 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/6/99

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

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

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

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

System Description: Conv Gravity

Repair System Description: Pump/25% Possible

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

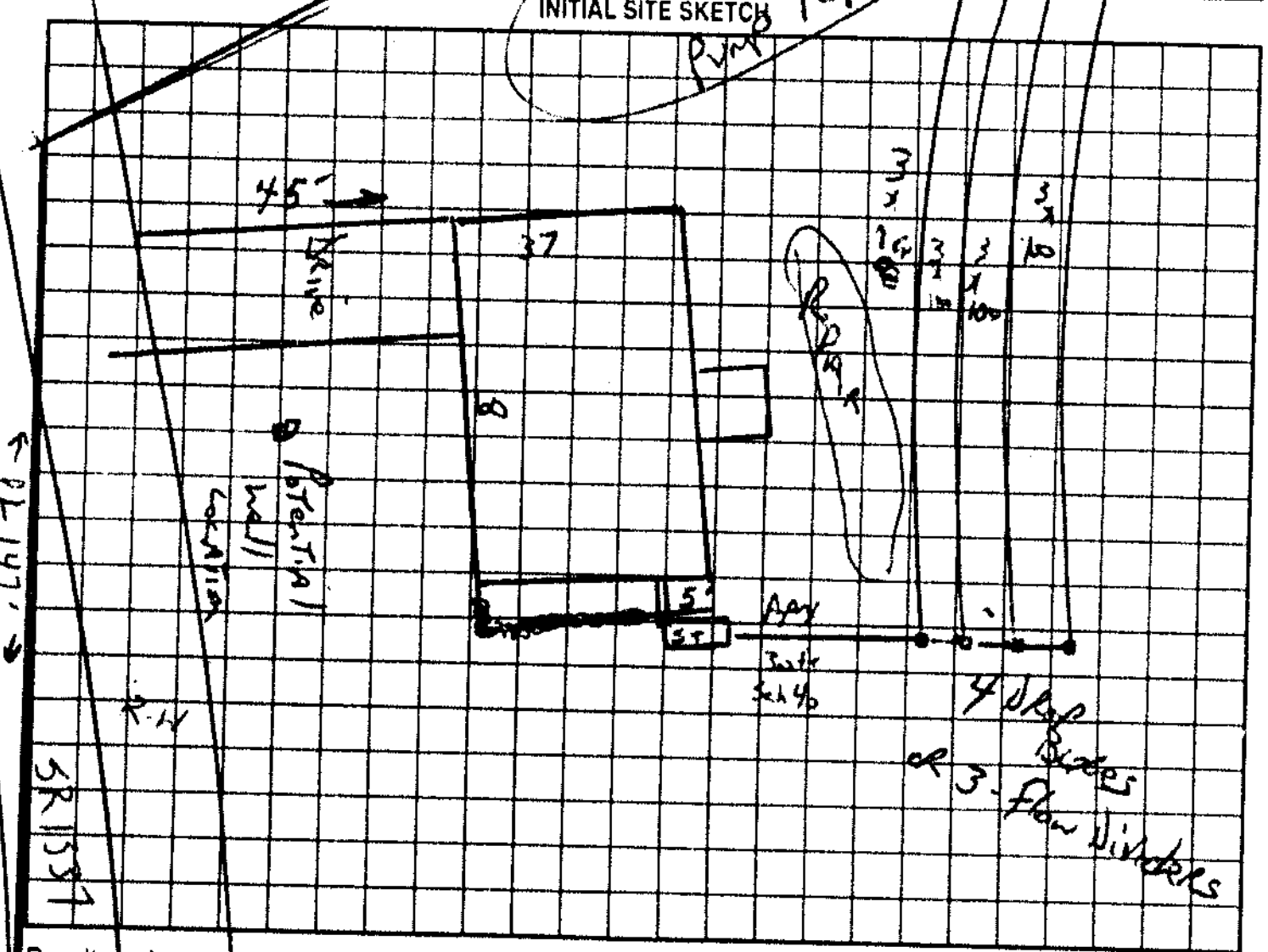
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community — Well

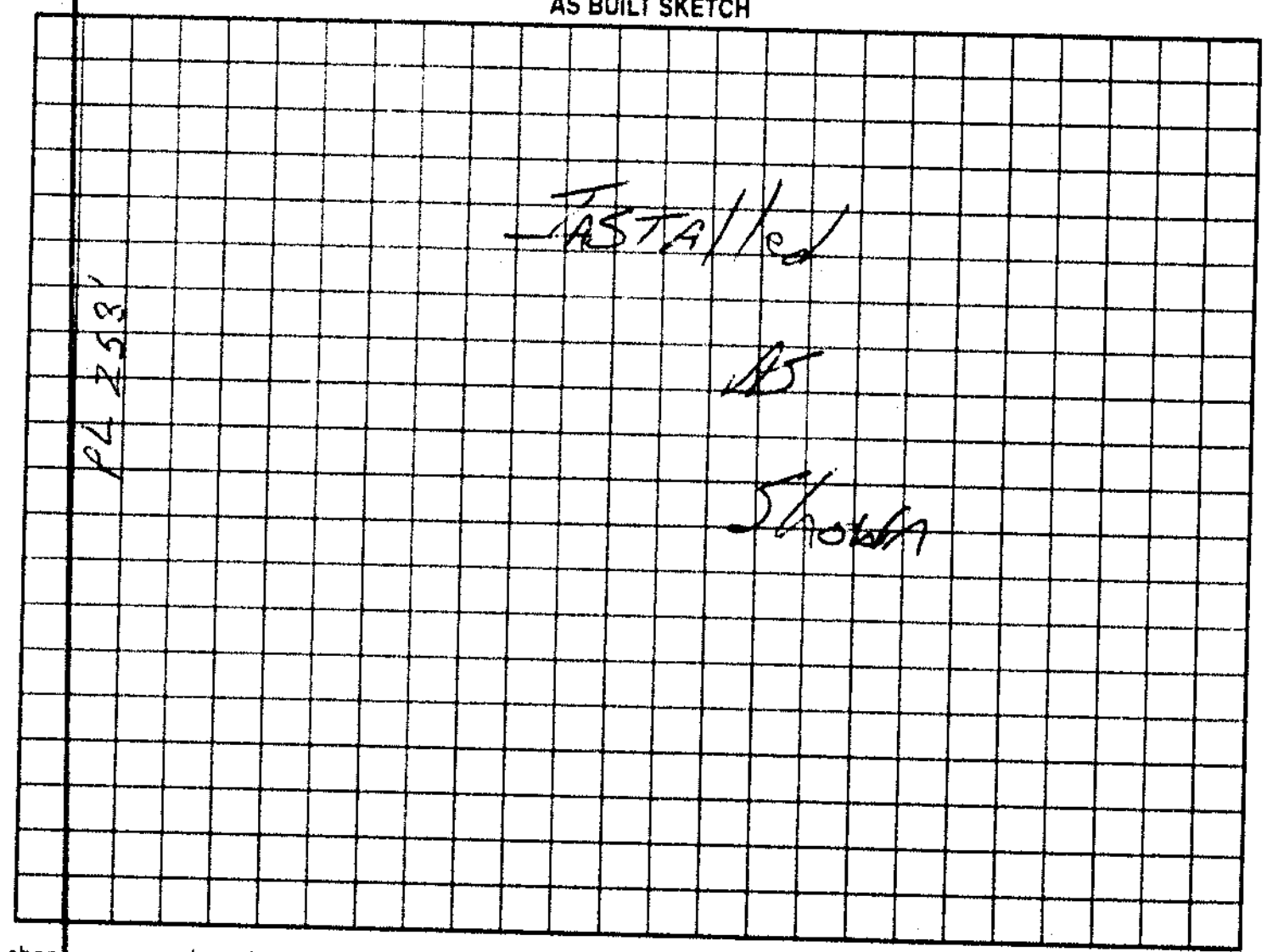
Comments/Conditions:
① Install on Contour
② Observe All set backs
③ Locate well 100ft from Septic System or Max feasible distance

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: Jim [signature] - Sunbelt Homes date 8/2/99

Improvement Permit by: JC Potter date 8-2-99

Authorization to Construct by: JC Potter date 8-2-99

Installed by: Yountz & Son

Operation Permit by: JC Potter date OCT 22 99

Existing System Inspection by: ____ date ____

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