IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083611 PIN# 4728 04 4442 DATE 9-13-99

OWNER OR CONTRACTOR ROY WILSON PHONE: Business Home (810) 735-4585

ADDRESS 15349 3 SEYMORE, LINDEN MI 48451

LOCATION NC 115 N, TL PISGAH RD, TL TREEBARK RD, LOT ON RIGHT ACROSS FROM WOODSDALE DR.

SUBDIVISION TREEBARK BLOCK / SECTION III LOT 9 LOT AREA 2.998 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 4/16 00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 12" ☐ Slab ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

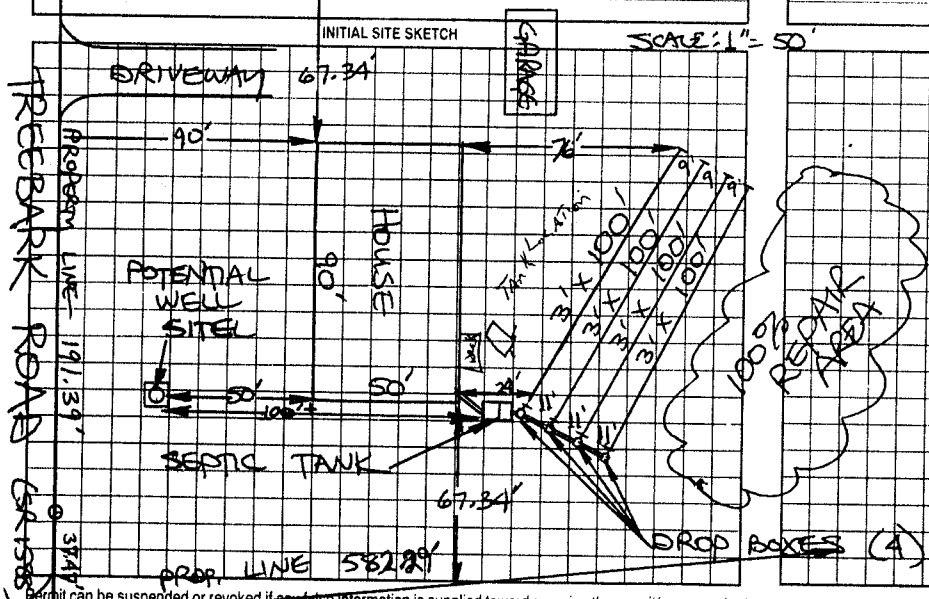
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2+
☐ Business No. Employees ____
☐ Other ____

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments./Conditions:

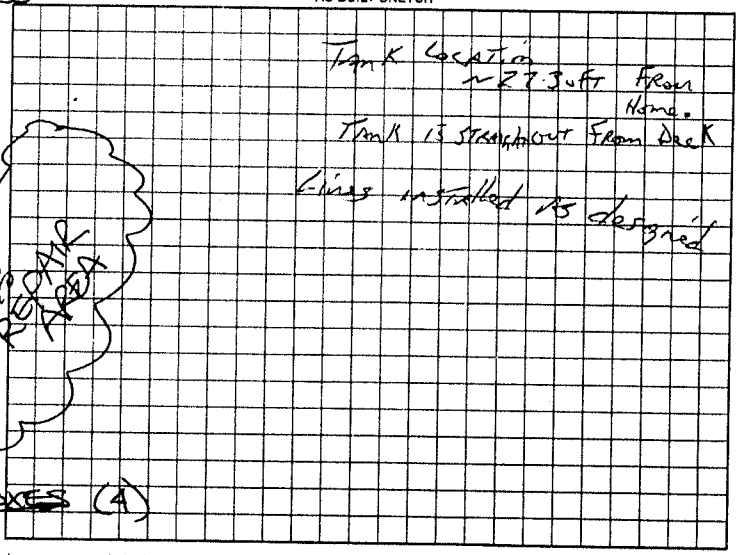
Comments Conditions. ZABEL FILTER USED

INITIAL SITE SKETCH



SCALE: 1" = 50'

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: Marie Walte (Agent) date 9-14-99 Installed by: LARRY BEAM

Improvement Permit by: STEVE HEDRICK date 9-13-99 Operation Permit by: [illegible] Potter date June 9, 2000

Authorization to Construct by: STEVE HEDRICK date 9-13-99 Existing System Inspection by: ____ date ____

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