IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4735 07 2523 DATE 3/29/01

OWNER OR CONTRACTOR David F Kay Wood PHONE: Business (704) 878-5911 Home (704) 872-0097

ADDRESS 142 Northmont Dr. Statesville, N.C. 28625

LOCATION Old Wilkesboro Rd. So 1 mile (R) on Northmont 2nd House on Right

SUBDIVISION Northmont BLOCK / SECTION — LOT 5 LOT AREA — SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: Existing Gallons: STB — Date —
Pump Tank: 1000 Gallons: PT 283 Date 3-11-01
Pump Make: Hydromatic Model SK50A1 Serial No. 51654-012-P
Nitrification Field: No Fields — Square Feet 1600 Linear Feet 400
No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth —

☐ New System ☒ Repair System Type: I, II, (III) IV, V, VI
System Description: Gravity Conventional
Repair System Description: (Innovative) Pump
Maintenance Agreement Required: ☐ Yes ☒ No

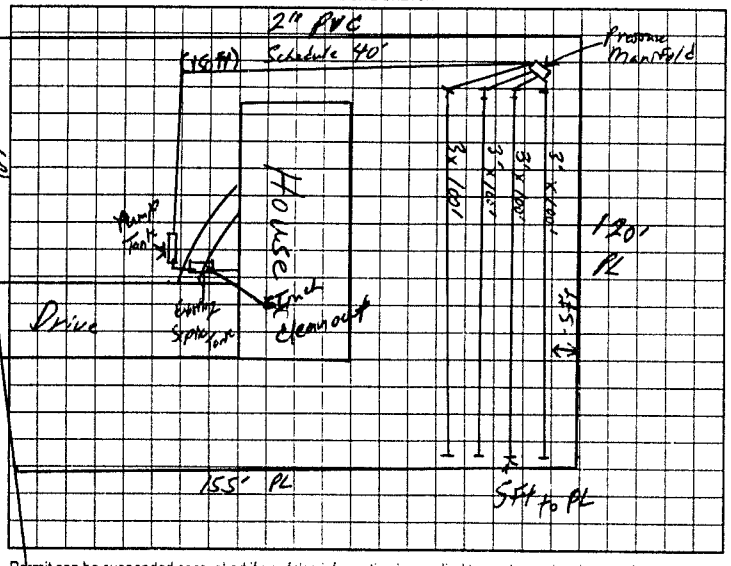
☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees —
☐ Other —
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

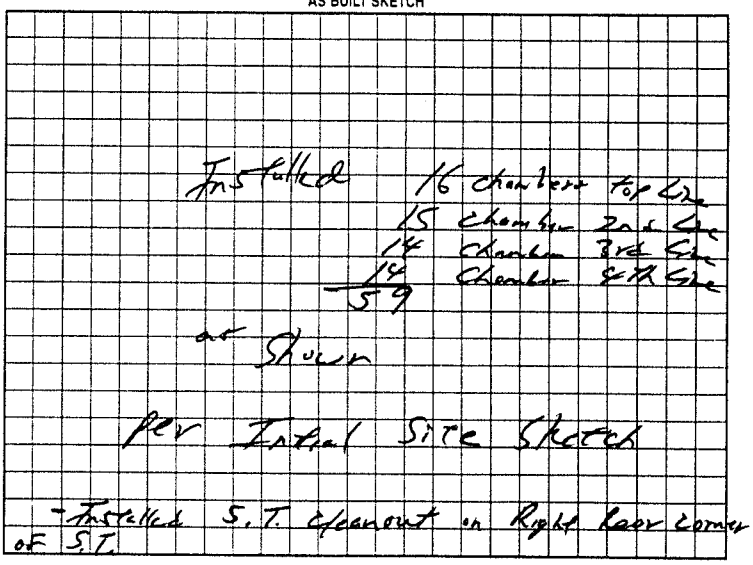
Comments/Conditions: (1) Install liner on Contour (2) Install 25% Reduction System using 51 Chamber or 40 - 10" Sections of HOES Sections

Comments/Conditions: - Installed 59 Infiltrator Chambers
- Installed pump tank
check Plm + Electrical Final 7/2/01

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: Kay H Wood date 3/30/01 Installed by: Lois Cotton

Improvement Permit by: William O. Johnson RSI date 3/29/01 Operation Permit by: William O. Johnson date 7/2/01

Authorization to Construct by: William O. Johnson RSI date 3/29/01 Existing System Inspection by: — date —

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