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 08 9411 DATE 8-12-99

OWNER OR CONTRACTOR WALTER J. WYNNE PHONE: Business 838-7053 Home 873-6138

ADDRESS 200 NORTHMONT DRIVE, STATESVILLE, NC 28625

LOCATION NC 115 N, TL OLD WILKESBORO RD, TR NORTHMONT DRIVE, ON RIGHT AT BOX #200

SUBDIVISION NORTHMONT BLOCK / SECTION ____ LOT 16 & 17 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons; STB 794 Date 9-9-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 660 Linear Feet 220+
No Lines ~~THREE~~ Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☑ Repair System Type: I, II, (III), IV, V, VI
System Description: ____
Repair System Description: 25% REDUCTION GRANTED
Maintenance Agreement Required: ☐ Yes ☑ No
~~Gravel~~ Depth SAND 6"

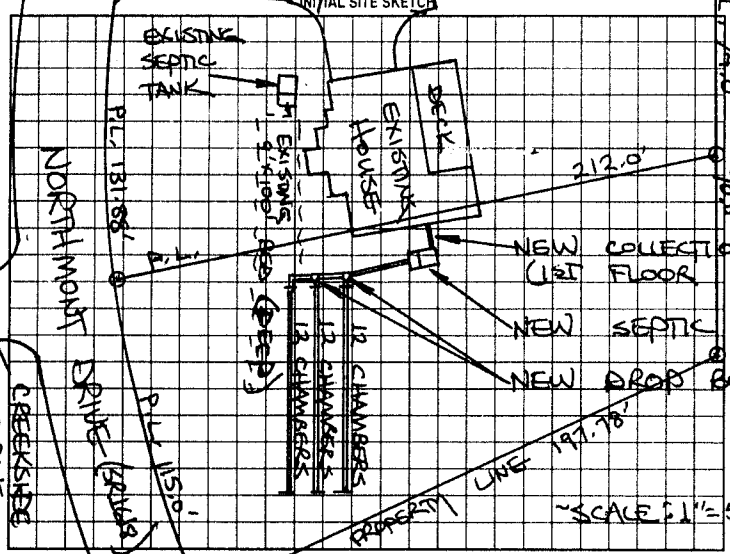
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL THIRTY-SIX (36) CHAMBERS IN ~~THREE~~ EQUAL LENGTH LINES ON CONTOUR AS FLAGGED.

Comments/Conditions: THIS PERMIT SERVES AS NOTICE OF VIOLATION

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: ____ date 8/13/99 Installed by: WES LYTTON

Improvement Permit by: STEVE HEDRICK date 8-12-99 Operation Permit by: STEVE HEDRICK date 10-29-99

Authorization to Construct by: STEVE HEDRICK date 8-12-99 Existing System Inspection by: ____ date ____

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