THIS PERMIT VOIDS PREVIOUS ISSUED 4-26-01

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095729 PIN# 4735 49 2335 DATE 5-21-01

OWNER OR CONTRACTOR RICHARD WILSON, JR PHONE: Business (704) 838-0491 Home

ADDRESS 3325 WINCHESTER LANE, STATESVILLE NC 28625

LOCATION NC 115 N, TR S. CHARLEY FORD RD, TL CANOPY OAK 5TH LOT ON RIGHT

SUBDIVISION MEADOW OAKS BLOCK / SECTION II LOT 97 LOT AREA 0.62 ACRE SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1007 Date 6-12-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq. To 1600 Linear Feet 400+
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, PUMP
Maintenance Agreement Required ☐ Yes ☑ No

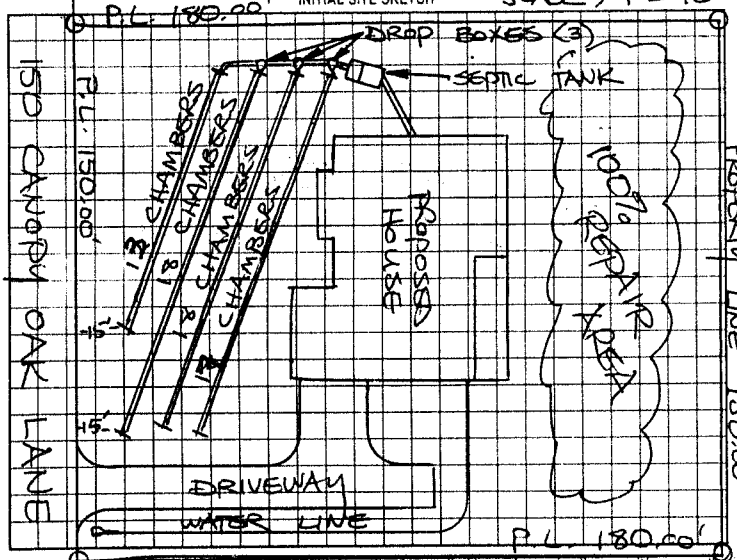
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
Slab ☑ Crawl Space Basement w/plumbing Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING SIXTY-SIX (66) CHAMBERS OR FORTY (40) HDS SECTIONS

Comments/Conditions: ~~FAST/MATE CHAMBERS~~ ~~INSPECTOR~~ (50) 1ST LINE HAS 2" RISE + TANK NEEDS SEAL. CALL WHEN FIXED 8-7-01 8-8-01 ☑ EVERYTHING FIXED + OK

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

POLYLOK FILTER INSTALLED AS SHOWN

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: [signature] date 6-13-01 Installed by: JAMES BLANSETT

Improvement Permit by: STEVE HEDRICK date 5-21-01 Operation Permit by: [signature] date 8-8-01

Authorization to Construct by: STEVE HEDRICK date 5-21-01 Existing System Inspection by: ____ date ____

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