IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 110121 PIN# 4737-08-0729.105 DATE 3/17/03

OWNER OR CONTRACTOR ~~Lander~~ Bill Carter PHONE: Business (704) 450-9999 Home —

ADDRESS P.O. Box 606 Statesville, N.C. 28687

LOCATION Hwy 115 North, (R) Branchwood Road, 2nd right on Westwinds Loop, 1st MH on Left

SUBDIVISION Westwinds MHP BLOCK / SECTION — LOT 105 LOT AREA _____ SITE CLASS. V5 DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1140 Linear Feet 380

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

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: ~~Existing~~ Gravity, Conventional

Repair System Description: _____

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

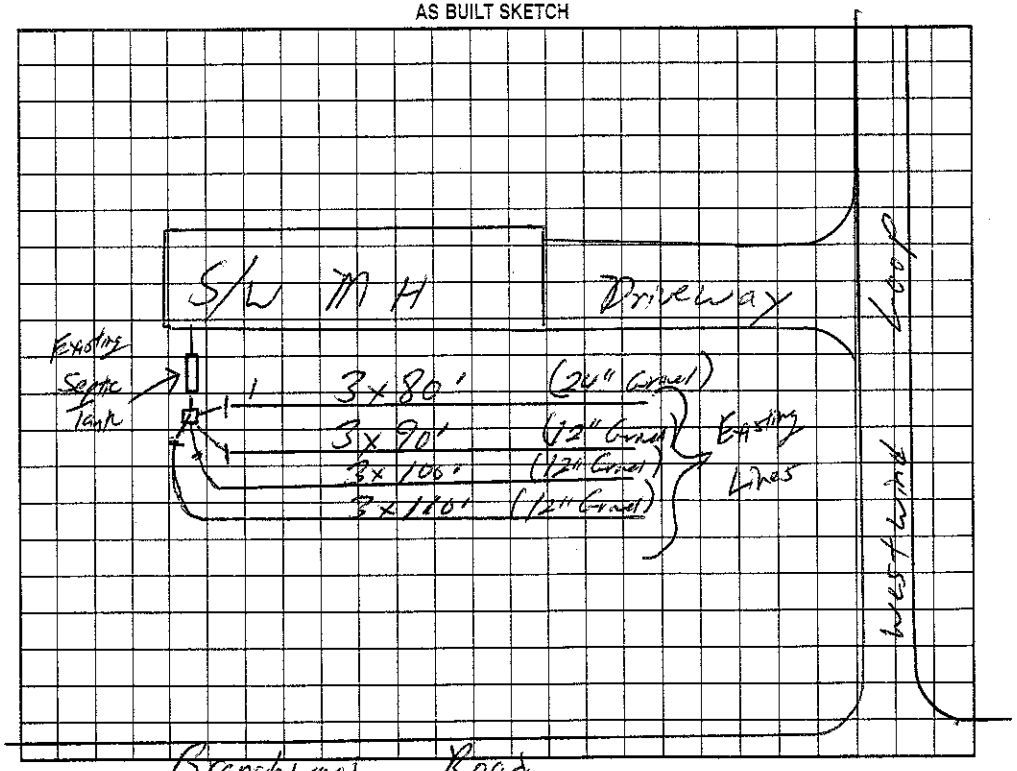
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions: ① Keep House foundation 5ft From Septic System. ② System Okay at time of Inspection.

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: _____ date 3-17-03 Installed by: _____

Improvement ~~Permit by~~: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: William O. Johnson date 3/17/03

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