IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 095390 PIN# 4737080729 DATE 4/19/01

OWNER OR CONTRACTOR Richard Dix PHONE: Business — Home (704) 876-4307

ADDRESS 195 Westwinds Loop Statesville N.C. 28625

LOCATION Hwy 115 N to on Brookwood, to on Westwinds Loop 9th on right Lot 21 (@ 175 Wood Lilac Loop)

SUBDIVISION Westwinds Mhp BLOCK / SECTION — LOT 21 LOT AREA ~15000 SqFt SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing 1,000 Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300 Ft

No Lines 3 Trench Width — Max Trench Bottom Depth — Gravel Depth 12"

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

System Description: Conventional, Gravity

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

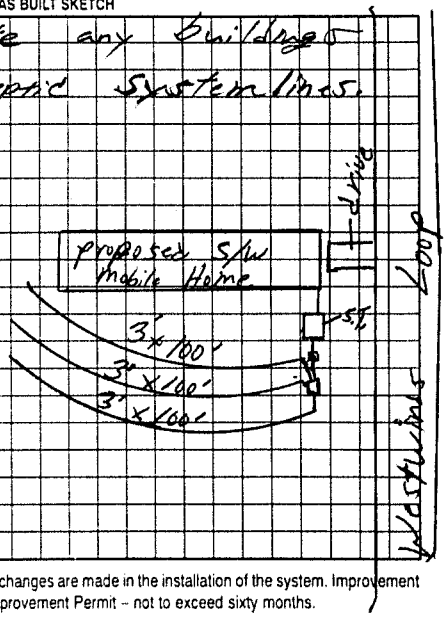
Comments/Conditions: (Ref: Don McIntyre 9-15-88 #21)

Comments/Conditions: Home not on site at time of inspection. Mark off 2 Bedroom can move on 3 bedroom home. System OK at time of inspection. Keep house 5 ft from system.

INITIAL SITE SKETCH

AS BUILT SKETCH

Do not locate any Buildings on top of septic system lines.



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 _____ Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: William O Johnson date 4/19/01

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