2100

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 147185 PIN# 4740317018 4740-30-6928 DATE 4-11-08

OWNER OR APPLICANT David Wood PHONE: Business 704-855-2300 Home 704-202-5592 cell

ADDRESS 450 Auction Dr Salisbury

LOCATION Perth Rd N TR Glantz Hill TR Ridge Creek TR Wiltshire Tl Panther on left

SUBDIVISION Wiltshire Creek BLOCK / SECTION _____ LOT 21 LOT AREA 2.56 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 825 Date 1-28-08

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 984 Linear Feet 328'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: 25% reduction gravity

Repair System Description: 25% reduction gravity

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 6 No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

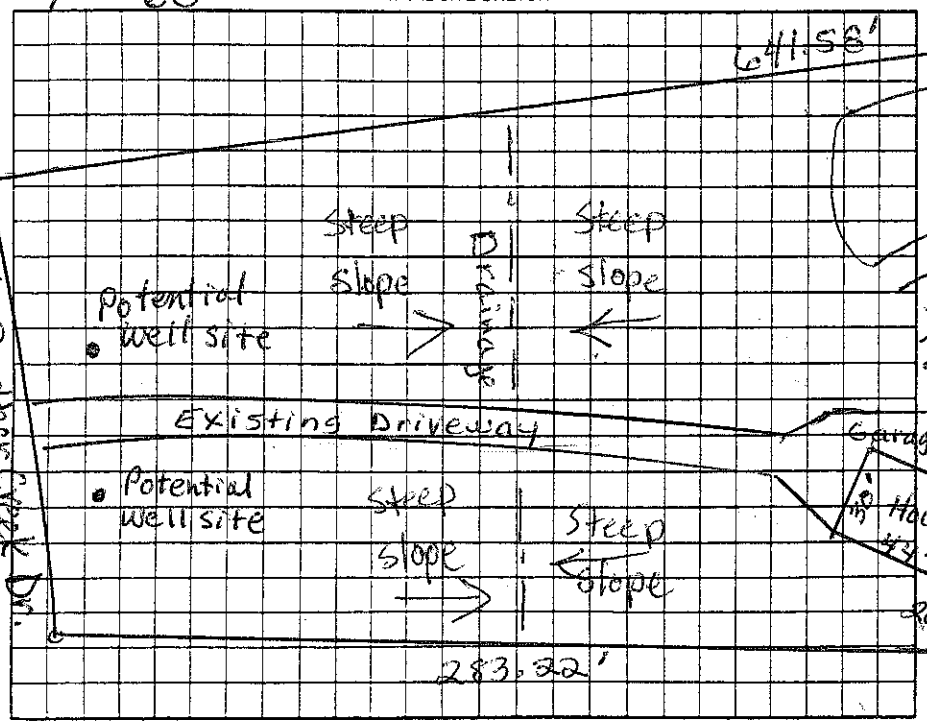
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: House relocated & Lots recombined due to new Duke Power R/W
Place ST at least 5' from foundation

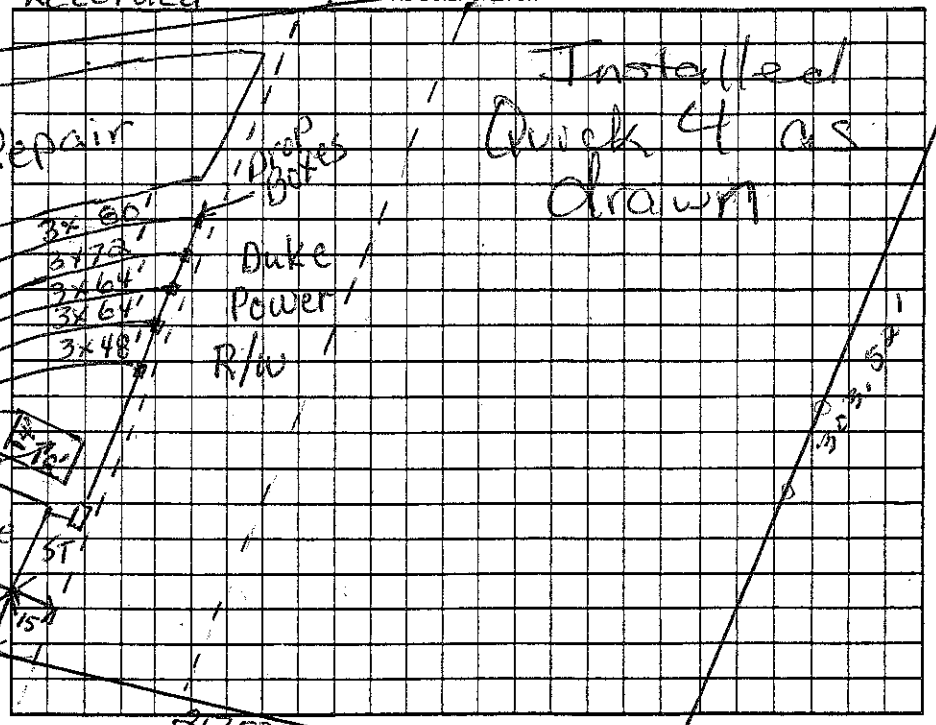
Comments:/Conditions:
See Recombination Plat of Wiltshire Lots 20, 21 & 23
Hold OP until Plat Recorded

1" = 60'

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 4-14-08 Installed by: Rowan Septic RS 9/4/08

Improvement Permit by: Judy Melville date 4-11-08 Operation Permit by: _____ date _____

Authorization to Construct by: Judy Melville date 4-11-08 Existing System Inspection by: _____ date _____

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