1:00 11-30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14979 PIN# 4746253964 DATE 5-13-08

OWNER OR APPLICANT (Wilson Building, Inc) Grace Building Co PHONE: Business 704 880 8219 Home 704 881 0071

ADDRESS 141 Postell Drive

LOCATION 21 N to Whites Farm, (L) on Nix

SUBDIVISION Shadow Wood BLOCK / SECTION ____ LOT 60 LOT AREA .57 SITE CLASS. P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-29-08
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 Trench Width 36 Max Trench Bottom Depth 36

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 50% Reduction Pump
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth ____ ☑ Gravity ☐ Pressure

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

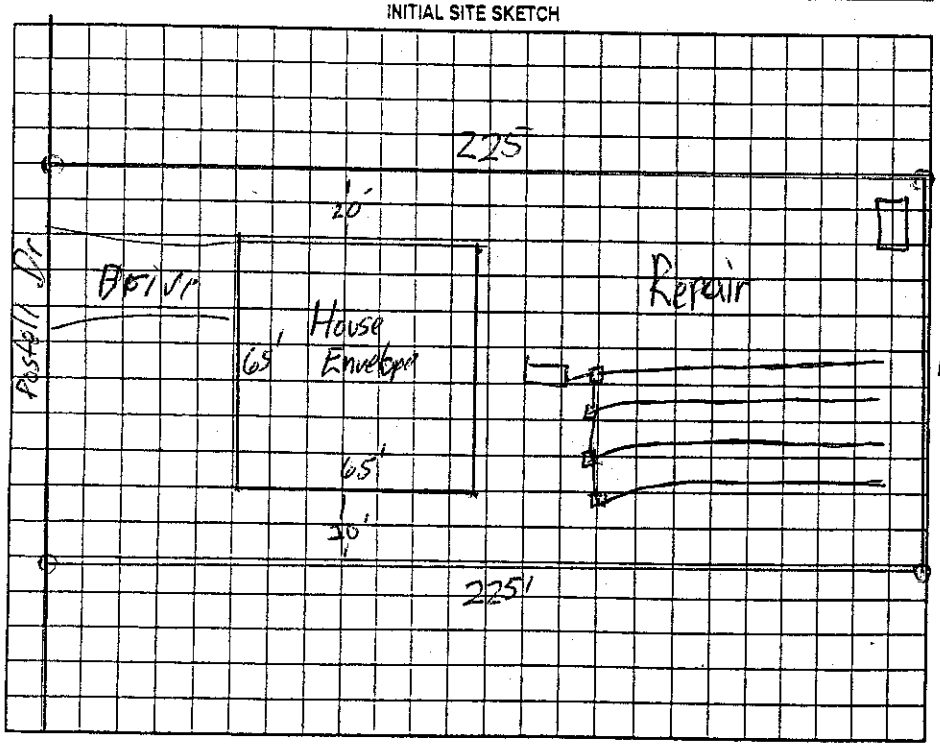
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

* Scrape and remove fill mound from septic area (18" max)

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

The proposed Storage building addition does not appear to impact the existing septic system.
**NOTE: The repair requirement will be 50% Red.

R.S.
Date: 4 May 10
ICHD-Environmental Health Division

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: Ray Wil date 5-20-08
Improvement Permit by: James date 5-13-08
Authorization to Construct by: ____ date ____
Installed by: Steve Jordan
Operation Permit by: James date 3-24-09
Existing System Inspection by: ____ date ____

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