4-80

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149790 PIN# 4746260780 DATE 5-13-08

OWNER OR APPLICANT Wilson Building Inc. PHONE: Business 704 880 8219 Home 704 881-0071

ADDRESS 116 Postel Dr.

LOCATION Hwy 21 North, Left on Shumaker, Left on Nixon, Left on Postell, Third Lot on Right

SUBDIVISION Shadow Wood BLOCK / SECTION ____ LOT 21 LOT AREA .573 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1017 Date 10-26-07

Pump Tank: 1000 Gallons: PT 179 Date 4-30-08

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" Gravel Depth ____

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

System Description: Pump 25% Reduction

Repair System Description: Pump 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☐ Public ☐ Community

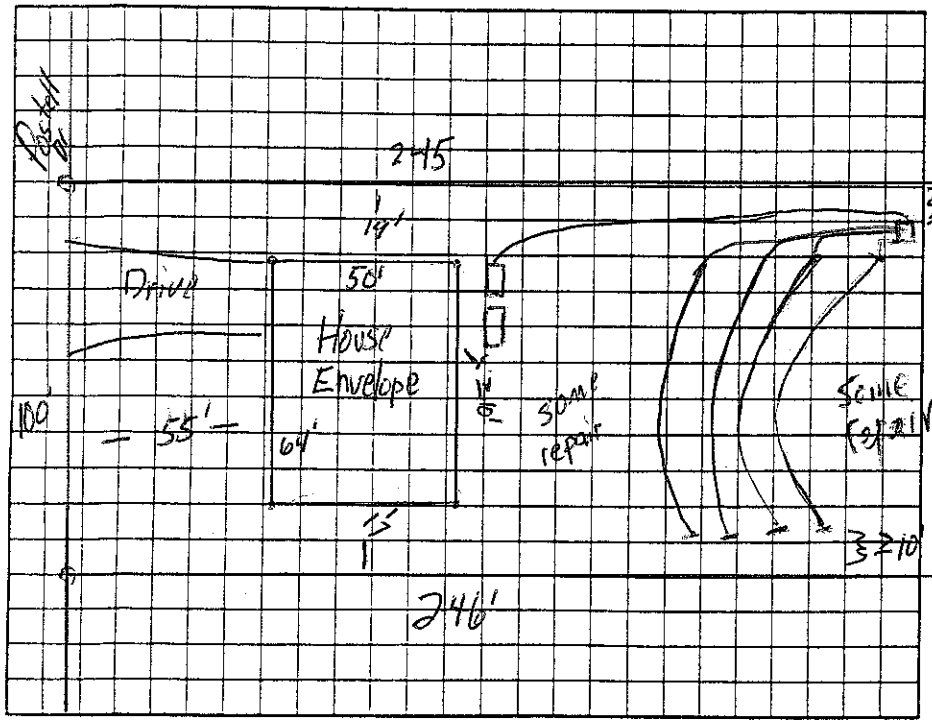
☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

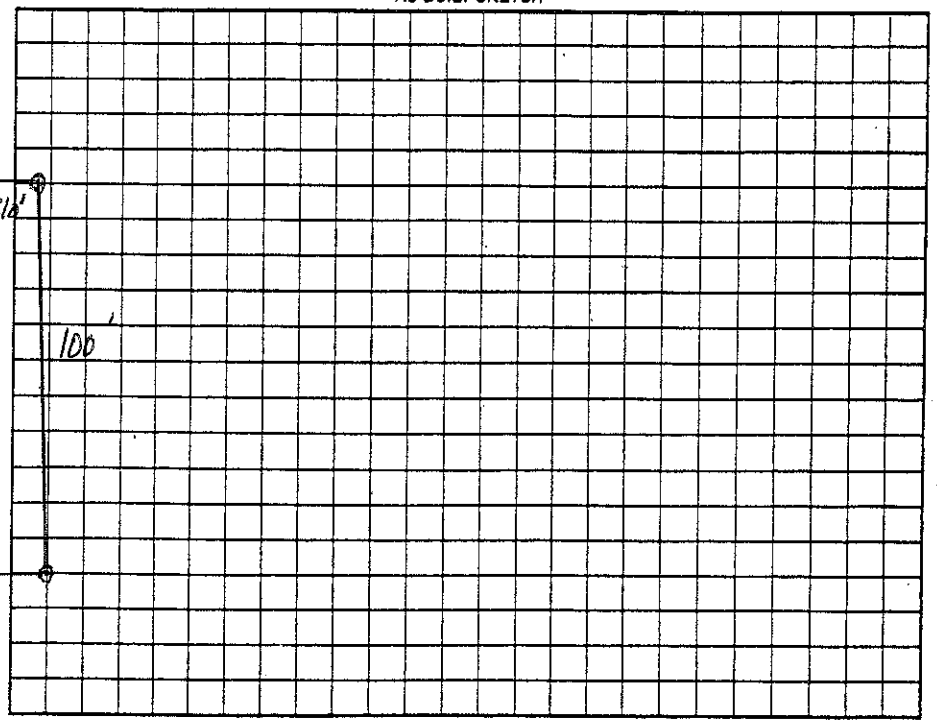
(4) 3' x 75'

Comments:/Conditions:

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: Randy Wilson date 5-20-08

Improvement Permit by: James L Kennedy date 5-13-08

Authorization to Construct by: James L Kennedy date 5-13-08

Installed by: Steve Morgan

Operation Permit by: ____ R.S. date 5-21-08

Existing System Inspection by: ____ date ____

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