CF

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14376 PIN# 4752945023 DATE 7-9-07

OWNER OR APPLICANT Tom Wehman PHONE: Business _____ Home _____

ADDRESS 452 Salt Marsh St Ste 80 Davidson NC 28036

LOCATION 275 to Amity Hall to Studdy to Clements Corner Clements Leaved

SUBDIVISION Rebecca Square BLOCK / SECTION 1 LOT 5 LOT AREA .70 SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 1-18-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1200 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduct
Repair System Description: 50% Reduct Bed Bloc
Maintenance Agreement Required: ☐ Yes ☒ No
☑ Gravity ☐ Pressure

☐ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ___
☐ Business No. Employees ___
☐ Other _____

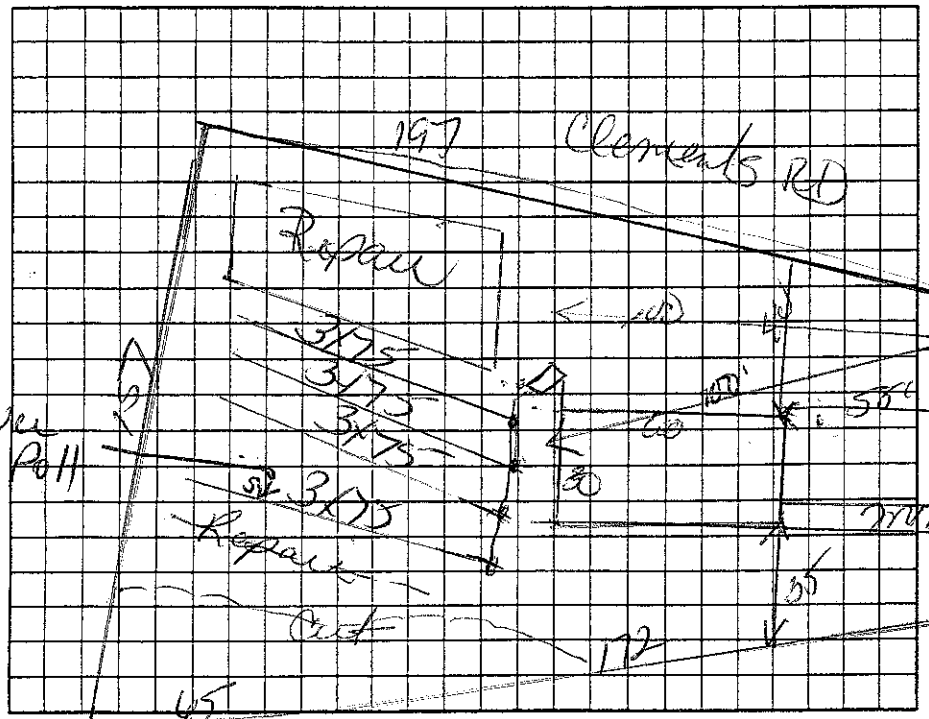
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments/Conditions:
Install on Contour
Maintain all aspects

Comments/Conditions:
Yellow Pipe to Septic Tank Marker

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: Denny Gallen date 7-9-07
Improvement Permit by: Kelly Cook date 7-9-07
Authorization to Construct by: Kelly Cook date 7-9-07

Installed by: H I Backhoe
Operation Permit by: Kelly Cook date 9-10-07
Existing System Inspection by: _____ date _____

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