IREDELL COUNTY HEALTH DEPARTMENT

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

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

pd 75 2-4-98

PERMIT# 071676 PIN# 4762866634 DATE 2-3-98

OWNER OR CONTRACTOR David L Wyatt PHONE: Business _____ Home 871-9376

ADDRESS 175 @ Log Cabin Dr Statesville

LOCATION 70E TR Bethabara TL Coraflower TR Log Cabin 1st on (L) White Fence.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 100

No Lines 1 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

(X) New System ( ) Repair System Type: I, (II) III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: _____

Maintenance Agreement Required: ( ) Yes (X) No

( ) House/Mod. Home No. Bedrooms 3

(X) Mobile Home No. Bathrooms 2

( ) Business No. Employees _____

( ) Other _____

( ) Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

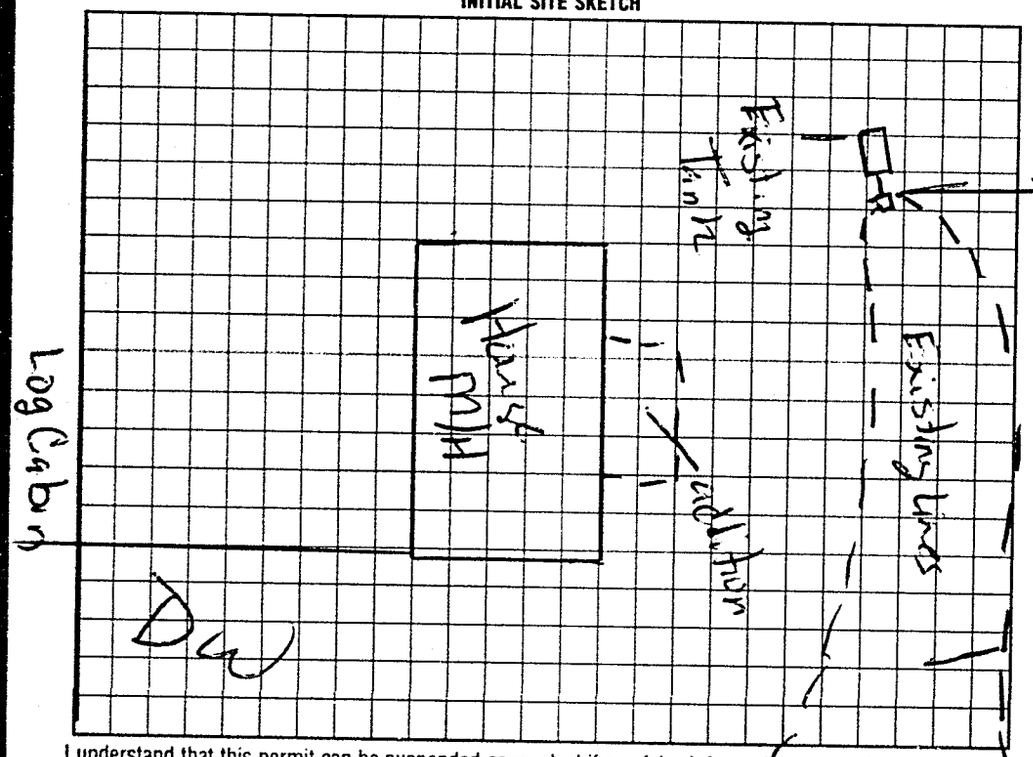
Water Supply: (X) Individual ( ) Public ( ) Community

Comments:/Conditions:

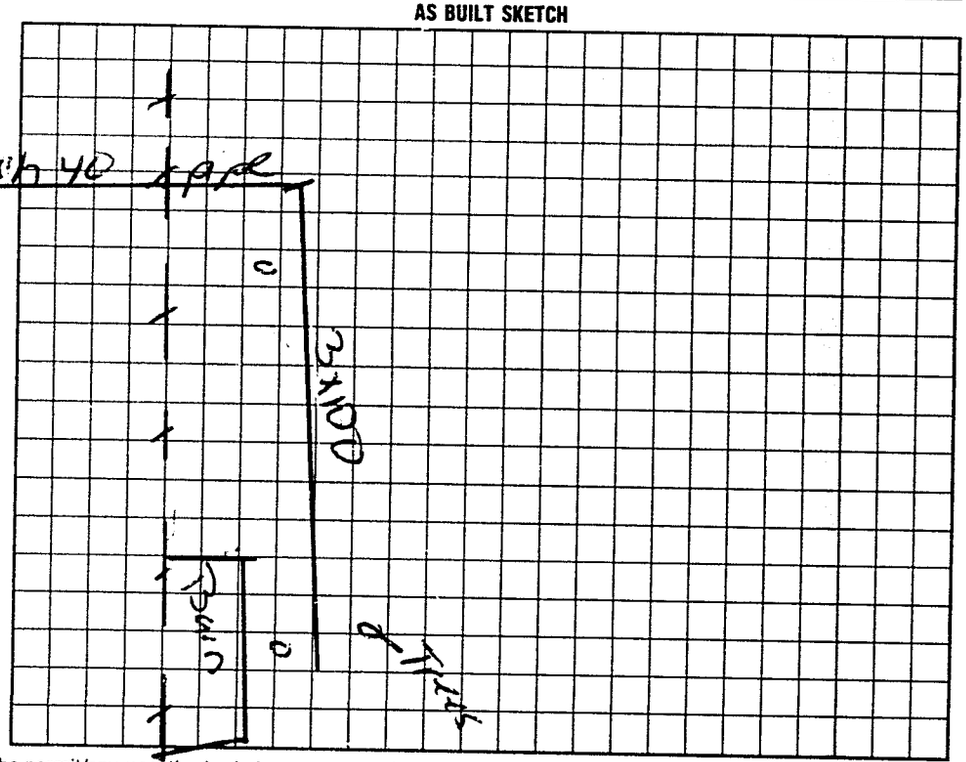
keep line on contour

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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: David L Wyatt date 2-4-98

Improvement Permit by: Mary C Oates RS date 2-3-98

Authorization to Construct by: Mary C Oates RS date 2-3-98

Installed by: Steve Jordan

Operation Permit by: Mary C Oates date 2-19-98

Existing System Inspection by: _____ date _____

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