IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133554 PIN# 4765441306 3186.52 DATE 4-17-06

OWNER OR APPLICANT Gene Sigmon PHONE: Business 704-872-1437 Home 704-873-9127

ADDRESS 140 Wildflower Lane (140 Wildflower Lane)

LOCATION 64E to Billtown RD to Wild Flower at End on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 4.16 AC SITE CLASS. B DESIGN FLOW 450 L.T.A.R. .31

Septic Tank: 1000 Gallons; STB 720 Date 4-8-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Reduction

Repair System Description: Low Pressure Pipe

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 4 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☑ Public ☐ Community

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

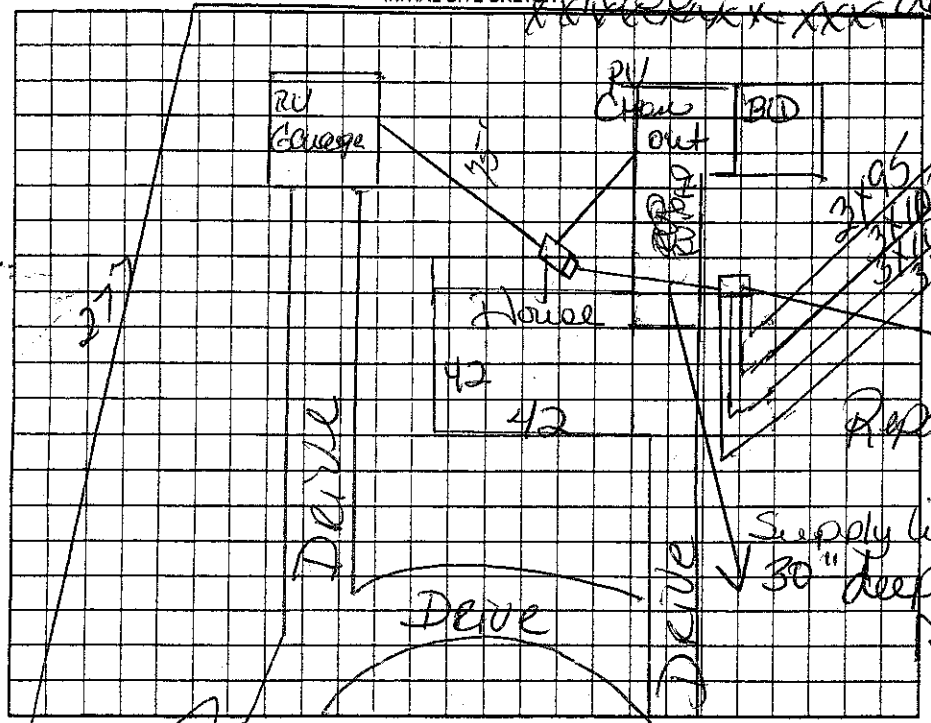
Comments:/Conditions:

Bath in RV Garage
Cleanout – RV
2BDR House

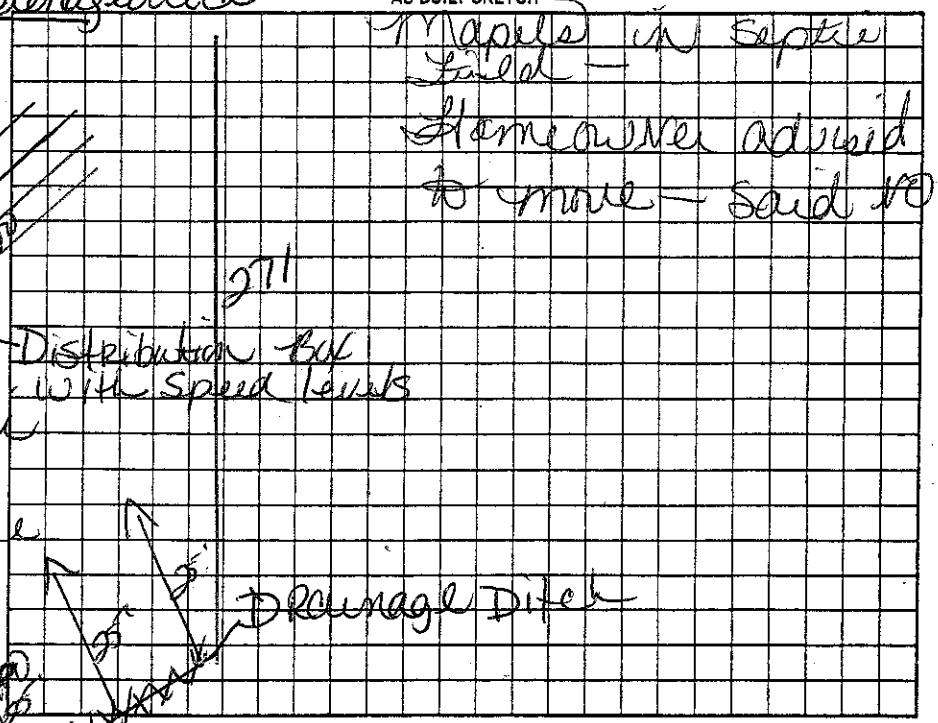
Comments:/Conditions:

Supply line 30" deep under drive
Red Polylock
Septic Tank Risers

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: Gene Sigmon date _____ Installed by: Brent Gwinnett

Improvement Permit by: Kelly Cook date _____ Operation Permit by: Kelly Cook date 8-22-06

Authorization to Construct by: Kelly Cook date _____ Existing System Inspection by: _____ date _____

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