IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

(C1)

PERMIT# 12192 PIN# 4771-35-8599 & 4771-358773 DATE 6-8-04

OWNER OR CONTRACTOR PRESSLEY NEEL PHONE: Business Home (704) 528-1845

ADDRESS 204 WINDING ARBOR CIRCLE, CLEVELAND, NC 27013

LOCATION US 70 W, TR TRIPLETT RD, TL WATERMOSS, TR 2ND WINDING ARBOR CIRCLE, 5TH DWELLING ON LEFT

SUBDIVISION WILLOW RIDGE BLOCK / SECTION II LOT 21/22 LOT AREA 1.63 (TOTAL) SITE CLASS PS DESIGN FLOW 480 L.T.A.R. 0.35 GPD/FT²

Septic Tank: EXISTING Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date P.I. 2-7-96

Pump Make: ____ Model 95.32 Serial No. ____

Nitrification Field: No Fields ____ Square Feet 345 Linear Feet 115

No Lines TWO Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

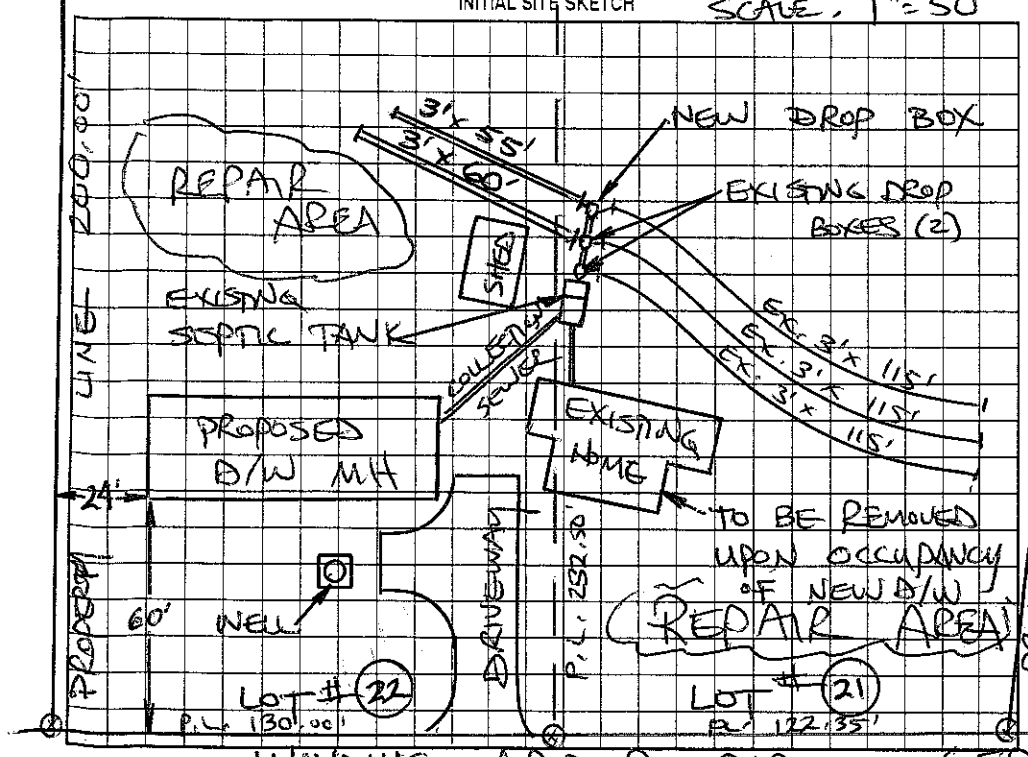
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

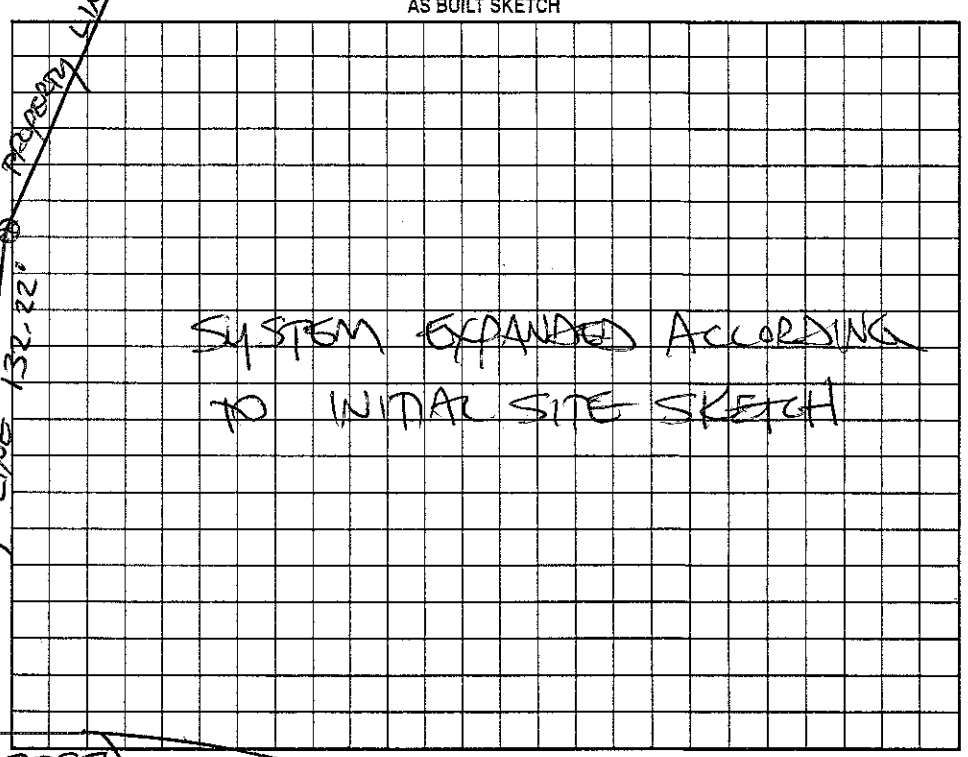
Comments/Conditions: INSTALL NEW DROP BOX AT LOCATION SHOWN & INSTALL TWO NEW TRENCHES AS SHOWN ON CONTOUR USING 12" STONE

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 50'



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: [signature] date 6-8-04 Installed by: ABEE GRADING

Improvement Permit by: STEVE HEDRICK date 6-8-04 Operation Permit by: STEVE HEDRICK date 7-29-04

Authorization to Construct by: STEVE HEDRICK date 6-8-04 Existing System Inspection by: ____ date ____

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