IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080205 PIN# 4771466253 DATE 4-6-99

OWNER OR CONTRACTOR Billy Wayne Plyler PHONE: Business _____ Home 528-0306

ADDRESS 112 Goneaway Ln Cleveland NC

LOCATION 3 7DE +R Triplett Rd Watermoss TR Goneaway 1st on (L)

SUBDIVISION Wildwood Ridge BLOCK / SECTION _____ LOT 89 LOT AREA 1.07 SITE CLASS P/S DESIGN FLOW 360 L.T.A.R. 0.35 Existing

Septic Tank: 1000 Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 200 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: Grant Conventional

Repair System Description: Grant Panel

Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3

[X] Mobile Home No. Bathrooms 2

[ ] Business No. Employees _____

[ ] Other _____

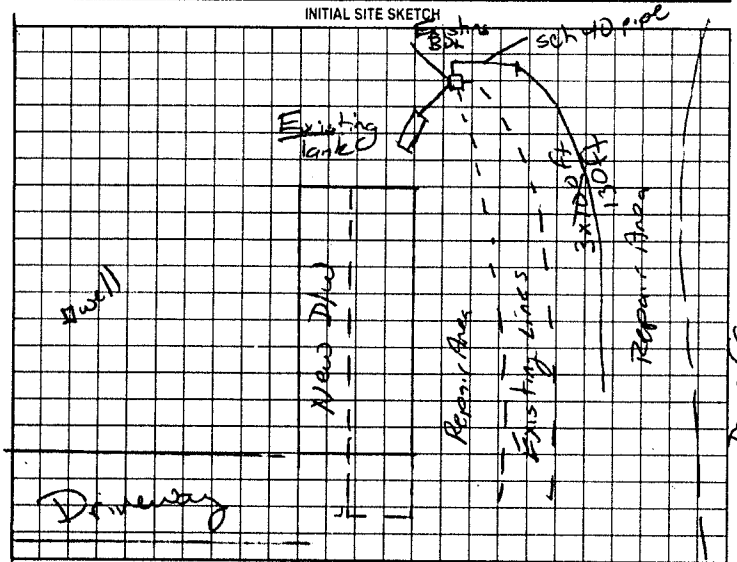
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

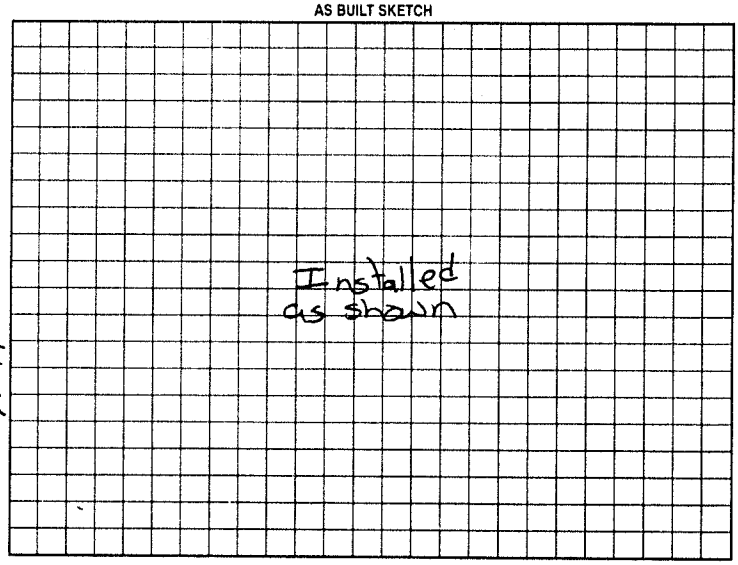
Comments/Conditions: Additional Bedroom
Install 1 line @ 100 Ft

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: _____ date 4-7-99 Installed by: A-1 Backhoe

Improvement Permit by: Mat C Cuff RS date 4-6-99 Operation Permit by: Mat C Cuff RS date 4-20-99

Authorization to Construct by: Mat C Cuff RS date 4-6-99 Existing System Inspection by: _____ date _____

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