IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 155217 PIN # 4776817295 DATE 3-17-09

OWNER or APPLICANT WCU, Inc PHONE: Business ______ Home: 704-902-3124

OWNER or APPLICANT ADDRESS P.O Box 64 Steinhatchee FL 32359

LOCATION / DIRECTIONS 64E (TL) Swann (TL) Sageforest Cul-de-sac

SUBDIVISION Sage Forest BLOCK / SECTION Phase III LOT # 8 LOT AREA .497 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 1007 Date 5-17-09

Pump Tank ______ Gallons: PT ______ Date ______

Pump Make ______ Model ______ Serial # ______

Nitrification Field No Fields ______ No Lines 5 Linear Feet ______

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% Gravity

Repair System Description: 50% Low Pres

Maintenance Agreement Required ☐ YES ☐ NO

☑ GRAVITY ☐ PRESSURE

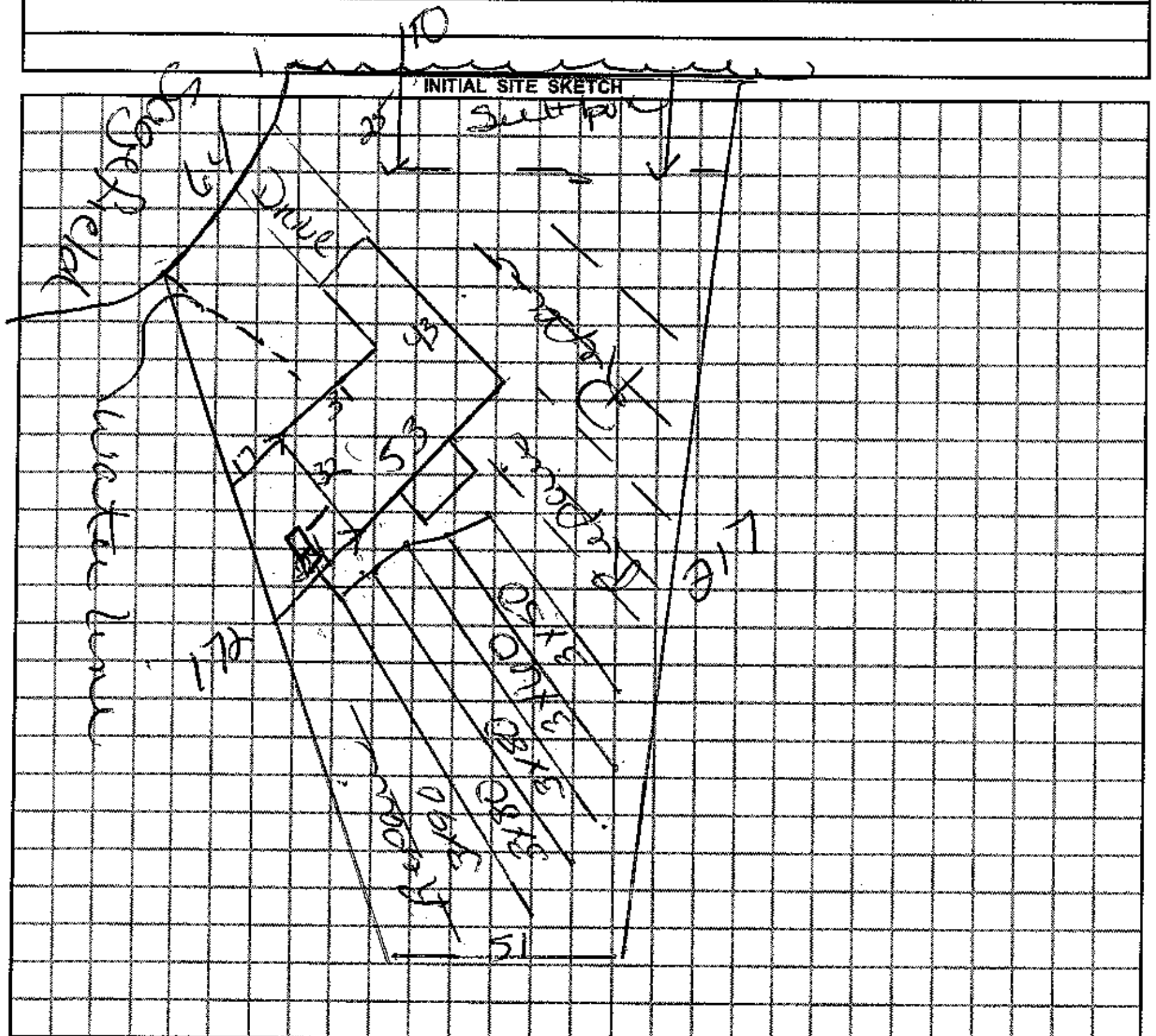
☑ Residence No. Bedrooms 3
☐ Business No. Persons ______
☐ Other No. Employees ______
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions

Comments / Conditions
(1) End cap distribution
install on Contour
Maintain all setbacks

INITIAL SITE SKETCH



AS BUILT SKETCH

(36") Trench Bottom

Brown Bales Fill
Septic Maker

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 w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Tommy Cothran Date 3-17-09

Improvement Permit by: [signature] Date 3-17-09

Authorization to Construct by: [signature] Date 3-17-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Tommy Cothran

Operation Permit by: [signature] Date: 8-24-09

Existing System Inspected by: ______ Date: ______

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant