IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082993 PIN# 4860 39 8531 DATE 8-4-99

OWNER OR CONTRACTOR WHITE WOLF PROPERTIES PHONE: Business 532-6527 Home

ADDRESS 5551 MONROE ROAD, CHARLOTTE NC 28213

LOCATION US 21 N, TL TABOR RD, TL CANFIELD, TL BRANSON DRIVE, 2ND LOT ON LEFT

SUBDIVISION HEATHSTEAD BLOCK / SECTION LOT 31 LOT AREA 0.54 ACRE SITE CLASS PS DESIGN FLOW 300 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 784 Date 6-22-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet EQ.T 1200 Linear Feet 3004
No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 25% REDUCTION PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

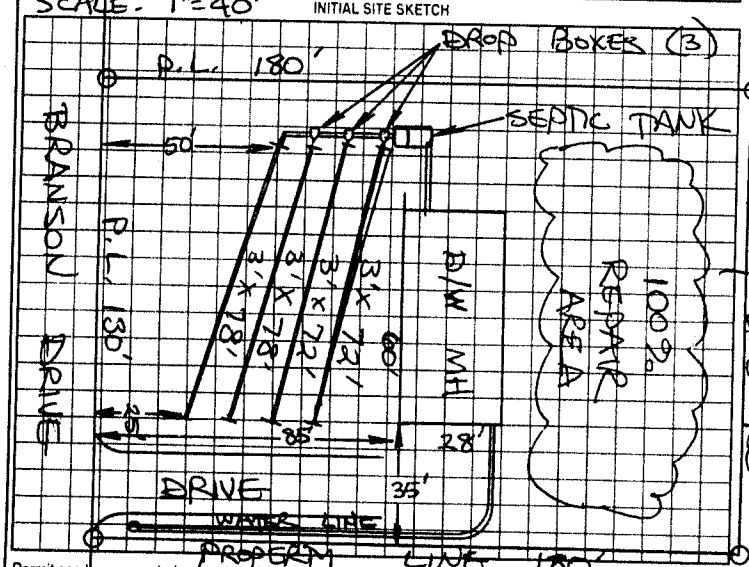
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: INSTALL 25% REDUCTION SYSTEM USING FIFTY (50) CHAMBERS OR THIRTY (30) HDS 1 SECTIONS ON CONTOUR AS FLAGGED

Comments/Conditions

SCALE: 1"=40' INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: James J. Hamilton date 8 5 99

Improvement Permit by: STEVE HEARICK date 8-4-99

Authorization to Construct by: STEVE HEARICK date 8-4-99

Installed by: G & M Enterprises

Operation Permit by: Mat Cox RS date 8-10-99

Existing System Inspection by: date

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