IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 124379 PIN# 4892-10-2878 DATE 11/2/04

OWNER OR CONTRACTOR WAYNE HOMES MID-ATLANTIC LLC PHONE: Business (704) 872-0271 X20 Home (336) 782-9262

ADDRESS 130 VICTORY LANE STATESVILLE 28625

LOCATION I-77 N TR Hwy 901 TL HWY 21 N TR POWELL BRIDGE TL ROCKY FORD TR ABBEYDALE ON RIGHT

SUBDIVISION Annie Mae Wood BLOCK / SECTION ____ LOT 1 LOT AREA 4.97 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1600 Gallons; STB 1012 Date 9-25-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 540
No Lines 5 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: PUMP CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☑ No

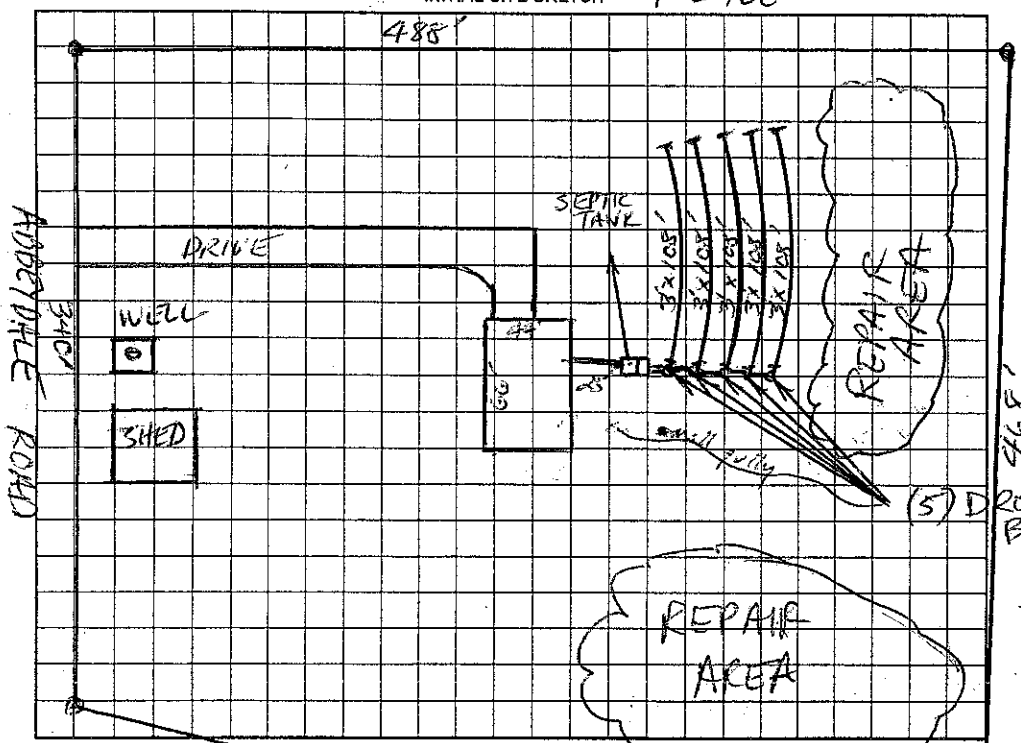
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

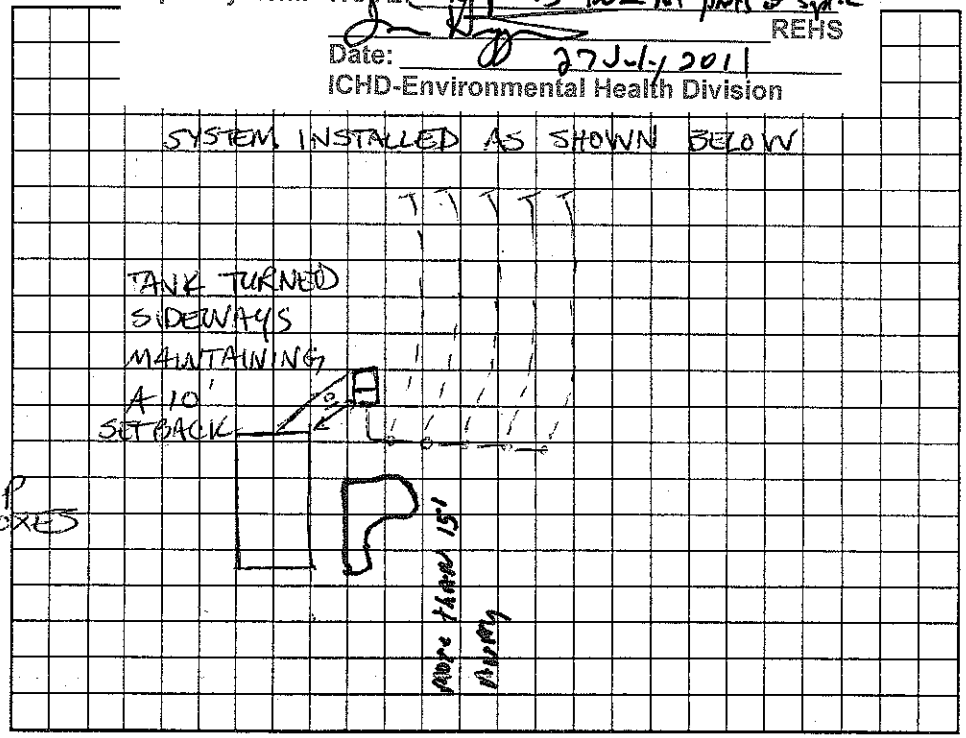
Comments:/Conditions: ① INSTALL ON CONTOUR ② MAINTAIN SETBACKS

Comments:/Conditions: ① TUFF-TITE FILTER INSTALLED IN TANK
② #5 STONE IN DRAINFIELD
Location of the proposed in ground pool addition does not appear to impact the existing on-site septic system.**NOTE: Min 15' from all parts of Syst
REHS
Date: 27 July 2011
ICHD-Environmental Health Division

INITIAL SITE SKETCH 1" = 100'



SYSTEM INSTALLED AS SHOWN BELOW



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 11-4-04 Installed by: C & S GRADING

Improvement Permit by: ____ date 11-2-04 Operation Permit by: ____ date 4-26-05

Authorization to Construct by: ____ date 11-2-04 ; Existing System Inspection by: ____ date ____

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