IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127434 PIN# 3794830863 3772 DATE 5-25-05

OWNER OR CONTRACTOR ALLEN WARREN PHONE: Business 828-459-8006 Home 704-871-9355 704-768-2506

ADDRESS 175 Wilhelm Lane Statesville, NC 28625

LOCATION 40 WEST @ OLD MTN RD & FOLKS RD @ Wilhelm AREA ON LEFT

SUBDIVISION A Sigmon BLOCK / SECTION LOT 24 LOT AREA 1.54 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 5-26-05
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3 SPLIT Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONV 6BW
Repair System Description: 6BW 250/0 12EQUIT
Maintenance Agreement Required: ☐ Yes ☒ No

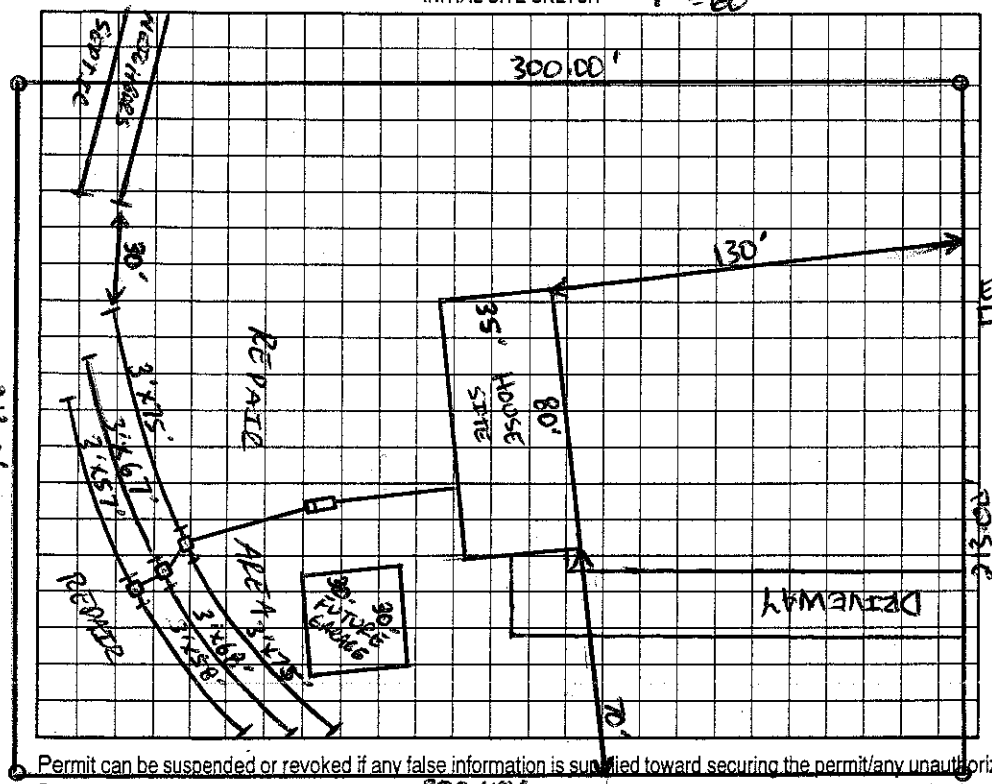
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2 1/2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community NEIGHBORS WELL

Comments:/Conditions: ① HOUSE & SYSTEM IS FLAGGED OUT COMPLETELY ② MAINTAIN SETBACKS

Comments:/Conditions: Septic tank riser installed Grey Label Filter installed

INITIAL SITE SKETCH 1" = 60'



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: Allen R. Warren date Installed by: Conner Backhoe

Improvement Permit by: [signature] RS date 5-25-05 Operation Permit by: [signature] date 10-24-05

Authorization to Construct by: [signature] RS date 5-25-05 Existing System Inspection by: date

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