$1130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122633 PIN# 4614-95-9151 DATE August 25, 04

OWNER OR CONTRACTOR James Williams PHONE: Business ______ Home ______

ADDRESS 1602 S. Boundary St, Salisbury NC 28144

LOCATION Brawley Sch Rd. TR Tuscarora TL Beechcreek TR Twiggs Lane at end

SUBDIVISION Crescent BLOCK / SECTION 6 LOT 371 LOT AREA 720,000 ft² (ex) SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB B23 Date 1/15/05
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 2 Square Feet 900 Linear Feet 300
No Lines 3+3 Trench Width 36" Max Trench Bottom Depth 24" * Gravel Depth NA

☑ New System ☐ Repair System Type: I II (III) IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: LPP / LP 25%-30% Reduction
Maintenance Agreement Required: ☐ Yes ☑ No initially

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

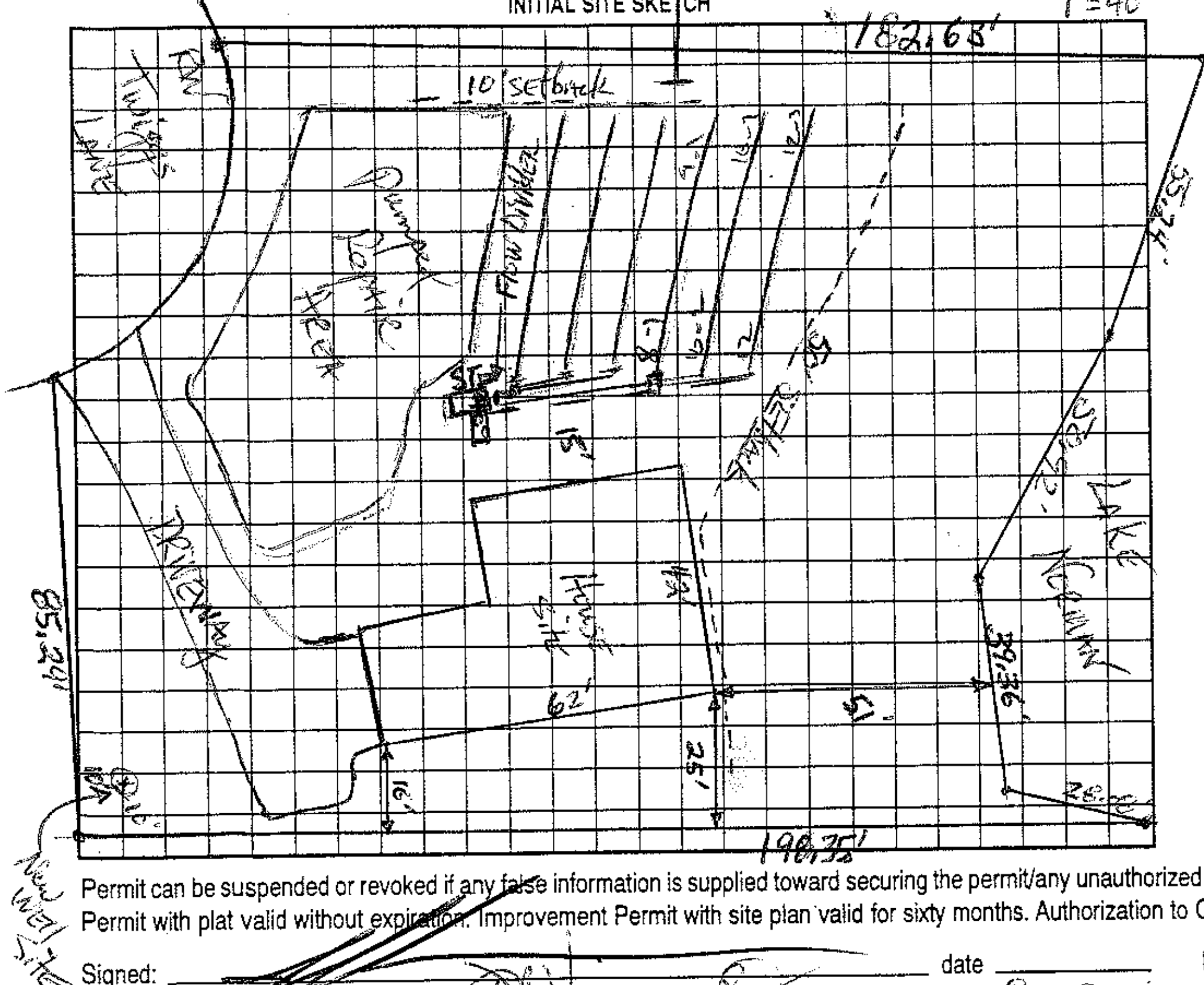
Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☑ Basement wo/plumbing

Comments:/Conditions: * Installer note max trench depth. Distribution system consists of a flow divider to (2) D boxes with levelers.

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 ______

Improvement Permit by: [signature], RS date 8-25-04

Authorization to Construct by: [signature], RS date 8-25-04

Installed by: Barger Const. Co.

Operation Permit by: Wesley Sparks RS date 3/11/05

Existing System Inspection by: ______ date ______

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