IREDELL COUNTY HEALTH DEPARTMENT

This permit voids previously issued permit dated 9/17/01

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

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

PERMIT# 125265 PIN# 4629-54-9916 DATE 1/7/05

OWNER OR CONTRACTOR Ronald Milam PHONE: Business (704) 873-4681 Home (704) [redacted] 872-8627

ADDRESS 521 Lakeside Drive Statesville N.C. 28677

LOCATION Perth Rd @ State Park @ Morrison Farm @ Sunset Bay at End

SUBDIVISION Sunset Bay BLOCK / SECTION _____ LOT 14 LOT AREA 1.08 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .30 gpd/ft²

Septic Tank: 4000 Gallons; STB 1012 Date 7-10-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Est. 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: Pump, 50% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other _____

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

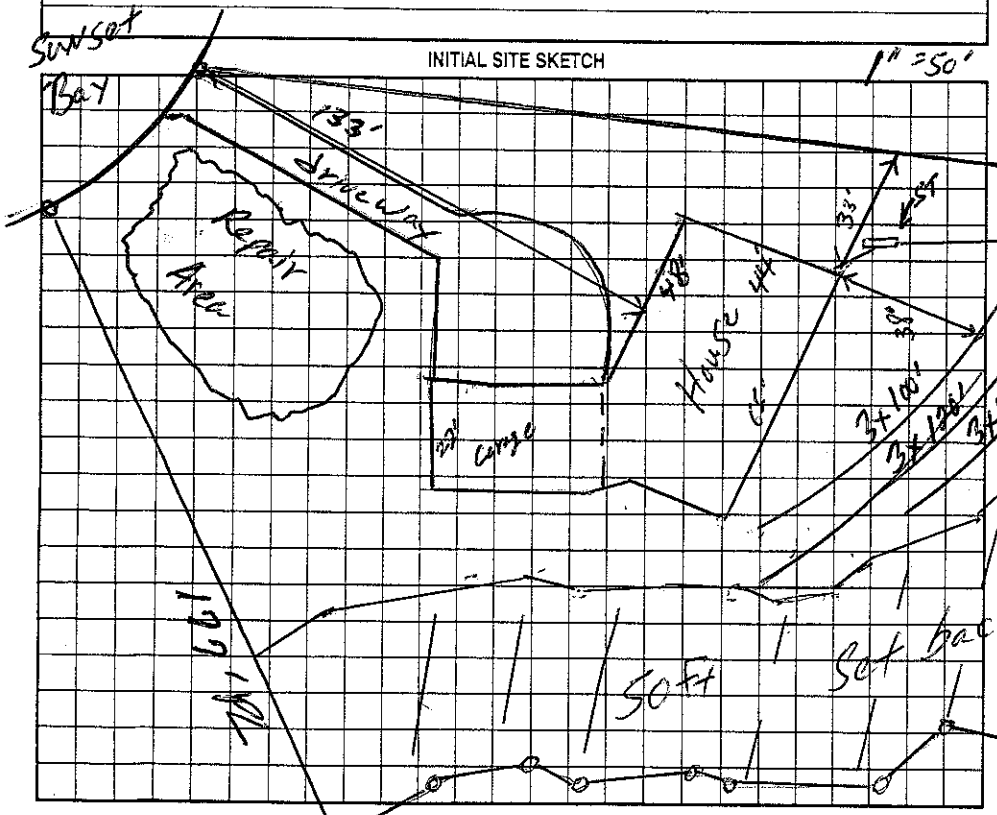
Water Supply: ☐ Individual ☐ Public ~~☐ Community~~

Comments:/Conditions:

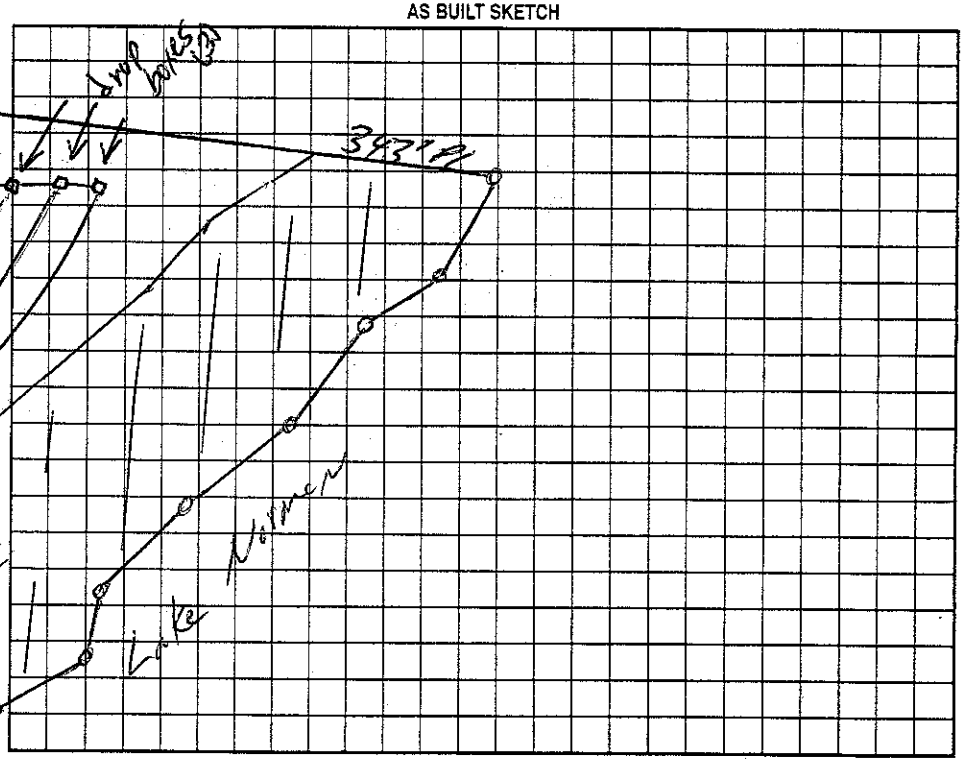
Comments:/Conditions:

Yellow Tuff Tate filter installed

INITIAL SITE SKETCH 1" = 50'



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 1/7/05 Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 1/7/05 Operation Permit by: Kelly J. Cobb date 9-14-05

Authorization to Construct by: William O. Johnson date 1/7/05 Existing System Inspection by: _____ date _____

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