IREDELL COUNTY HEALTH DEPARTMENT

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

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

★ Repair Permit 3:30

PERMIT# N/A PIN# N/A

OWNER OR CONTRACTOR Jimmy Williams PHONE: Business 872-8619W Home 528-4010 DATE 2/28/2000

ADDRESS 208 Jasmine Circle Troutman, NC 28166

LOCATION Hwy 21 115 NJ TL Flowerhouse TL Carlyle TR PS Jasmine Circle on left

SUBDIVISION Kings Acres BLOCK / SECTION ____ LOT ? LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360gpd T.A.R. ____

Septic Tank: 1000 Gallons; STB WP1607 Date 12-10-00

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 2 Square Feet ____ Linear Feet 60'

No Lines 4 at 60' Trench Width 12'-15' Max Trench Bottom Depth 36" Gravel Depth Sand

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

System Description: Gravity - Conv. Bed

Repair System Description: Gravity - 25% Reduction Bed

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms ____ No. Employees ____

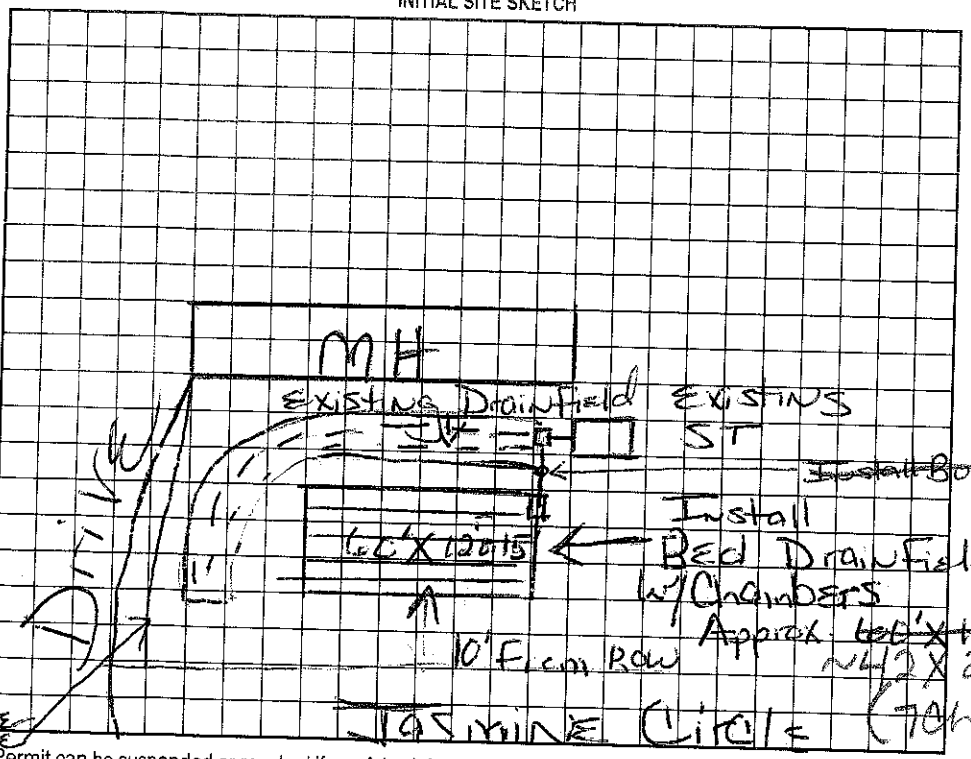
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

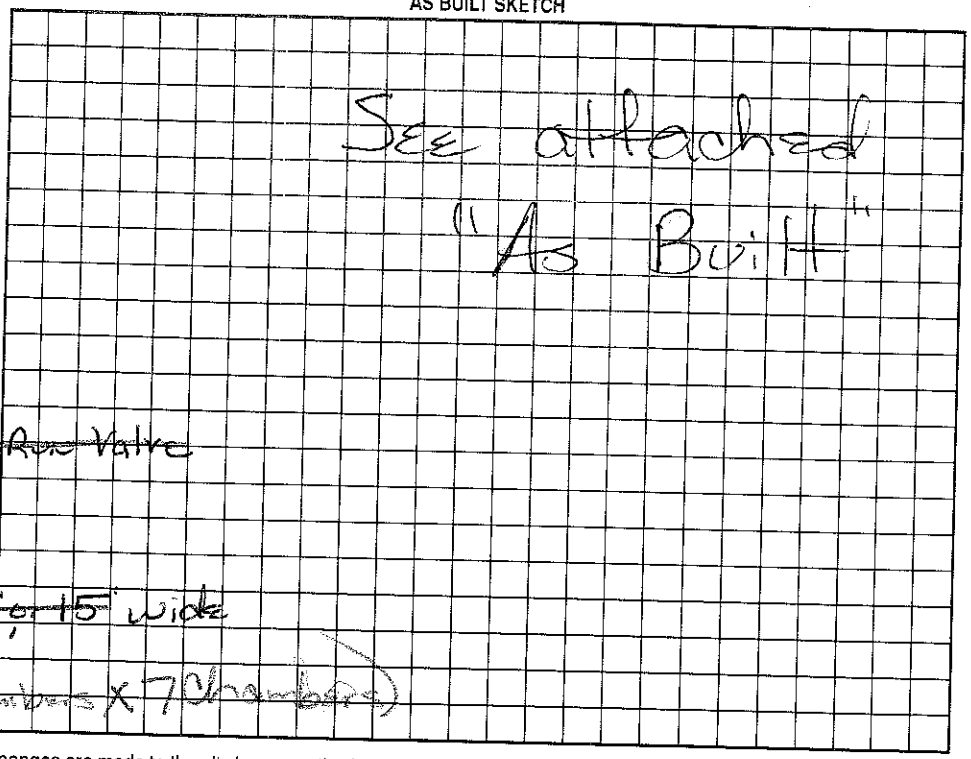
Comments/Conditions: Keep Septic System at least 5' From PL & 10' From ROW Also Stay 10' From water line.

Comments/Conditions: ★ Divert Surface Water/ Storm Water Away from Drainfield. Check for Fall between ST & Drainfield & ST & MH.

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: Jimmy A Williams date ____ Installed by: Wayne Clontz

Improvement Permit by: Maria H. Dotson RS date 2/28/2000 Operation Permit by: Maria H. Dotson RS date 3/19/2001

Authorization to Construct by: Maria H. Dotson RS date 2/28/2000 Existing System Inspection by: ____ date ____

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