ELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (309-8625) MOORESVILLE 704-664-5281 (11.80)

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

PERMIT# 6802 PIN# 4657281282

OWNER OR CONTRACTOR Grants Billie Williams PHONE: Business _____ DATE 7/9/99

ADDRESS 278 Commodore Mooresville, NC 28117 Home 664-7476

LOCATION Hwy 21 N. past Hwy 150 TL Oates Rd ~2/10 Mile on left. — 159 Oates Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 gpd L.T.A.R. .25

Septic Tank: ~~1500~~ Gallons; STB 1011 Date 2/2/99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480'

No Lines 4 at 120' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Pumped Conv/LPP

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

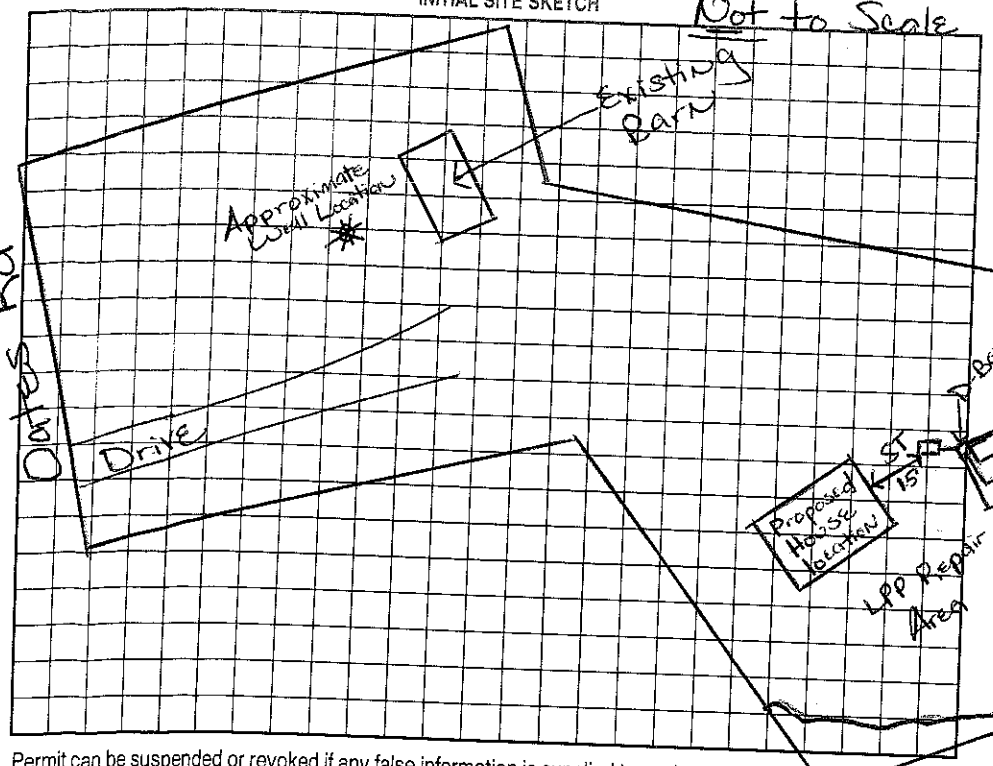
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual Existing ☐ Public ☐ Community

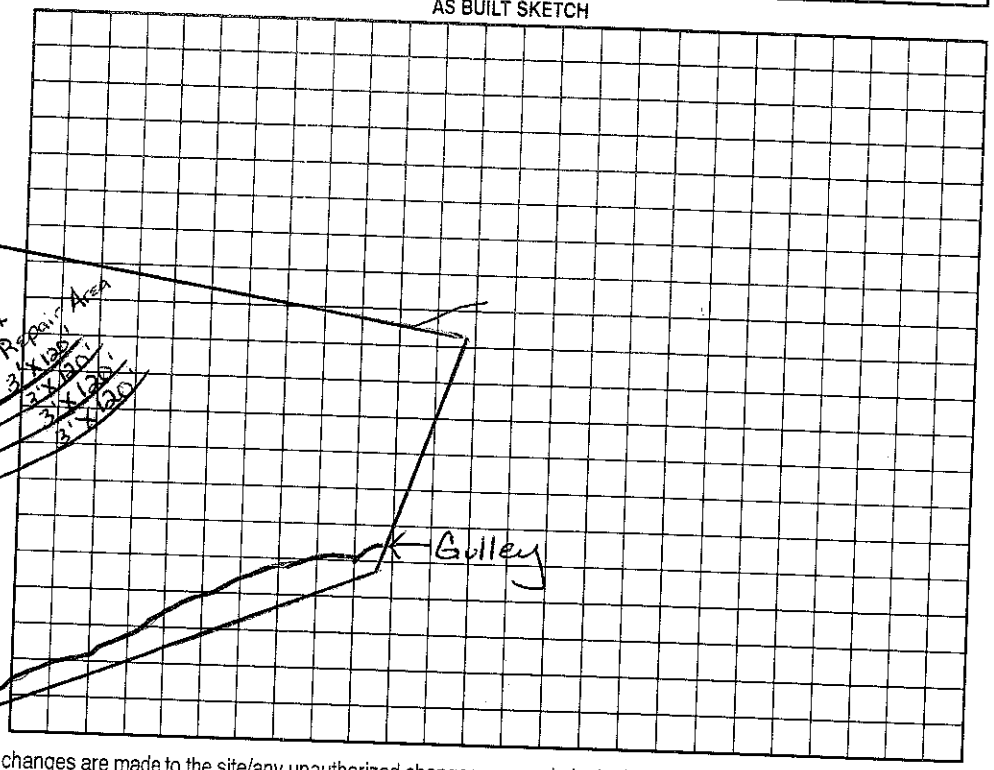
Comments:/Conditions: Keep Septic System at least 10' from any PL & 15' side gradient of house (ST)

Comments:/Conditions:

INITIAL SITE SKETCH Not to Scale



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: Billie M Williams date 7/12/99

Improvement Permit by: Maria H Dotson R.S. date 7/9/99

Authorization to Construct by: Maria H Dotson R.S. date 7/9/99

Installed by: Richard Abernathy

Operation Permit by: Wesley Sparks R.S. date 11/15/99

Existing System Inspection by: _____ date _____

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