IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4703-13-5035 DATE 7/21/03

OWNER OR CONTRACTOR Edward Alan Miller PHONE: Business - Home (704) 873-9891

ADDRESS 3599 Hickory Hwy Statesville N.C. 28677

LOCATION US Hwy 70 West past White Oaks ~ 2 miles on Left @ 3599 Hickory Hwy

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 58.11 Ac SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 4000 Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Pump Make: — Model — Serial No. —

Nitrification Field: No Fields 1 Square Feet 855 Linear Feet 190

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 18"

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

System Description: —

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms —

☐ Business No. Employees —

☐ Other —

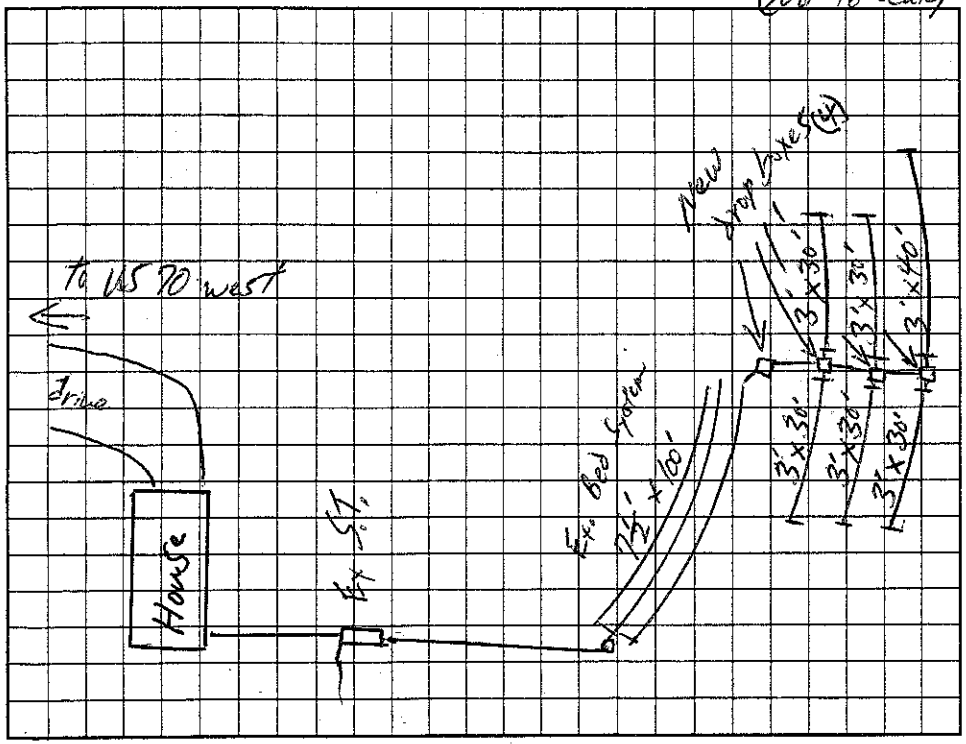
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Add three lines 60 60 70 ft in length w 18" of gravel. ② Connect old bed w/drop box to new repair

Comments:/Conditions:

INITIAL SITE SKETCH (Not to Scale)



AS BUILT SKETCH

Installed As Shown Per Initial Site 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: Edward Alan Miller date 7/14/03

Improvement Permit by: William O. Johnson date 7/16/03

Authorization to Construct by: William O. Johnson date 7/21/03

Installed by: Dale Wingler

Operation Permit by: William O. Johnson date 7-29-03

Existing System Inspection by: — date —

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