IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92565 PIN# 4704 44 1305 PT DATE 12/6/00

OWNER OR CONTRACTOR Richard Williams PHONE: Business _____ Home 704 873-7829

ADDRESS 1431 Island Ford Rd. Statesville NC 28625

LOCATION Old Mott, L Island Ford, on Lt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.66 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 9-24-2000
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 @ 67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: Pump 25% Reduc.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

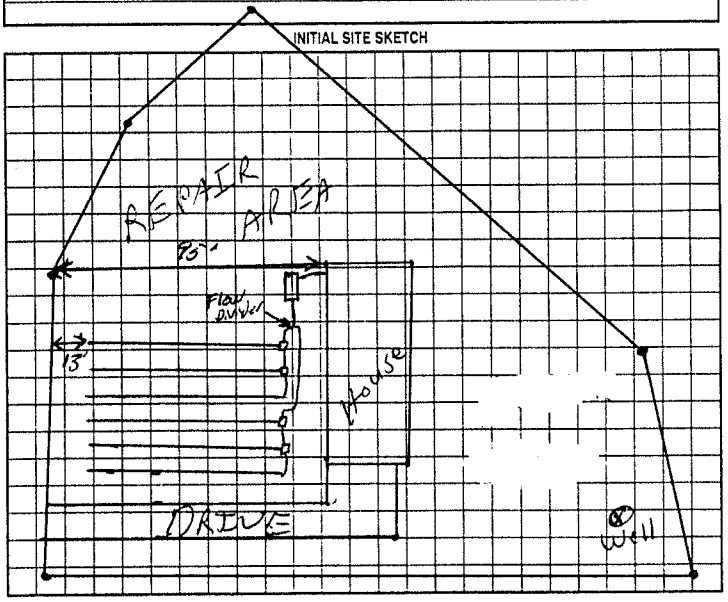
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

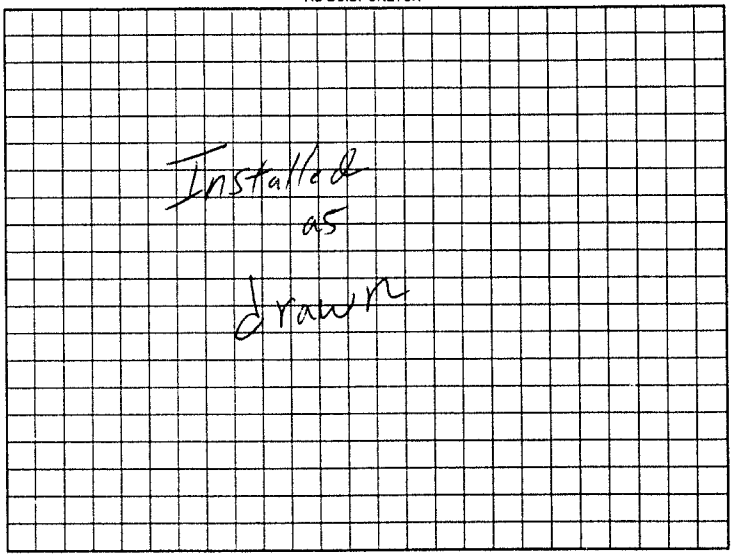
Comments/Conditions:

Comments/Conditions:
- Poly lok Filter Installed
- Tank risers Installed

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: Suzie Preudt, agent date 12/19/00 Installed by: A-1 Backhoe

Improvement Permit by: RSI date 12/5/00 Operation Permit by: William Johnson RSI date 01-11-01

Authorization to Construct by: RSI date 12/27/00 Existing System Inspection by: _____ date _____

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