CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132806 PIN# 4722-86-5179 DATE 2-16-06

OWNER OR APPLICANT KEITH MILLER PHONE: Business 704-402-3764 Home

ADDRESS 117 AIRPORT RD Statesville NC 28677

LOCATION 21 SOUTH (R) ONR (R) WESLEE SPRINGS (L) CHARDS (R) MAHOGANY AT END (W) LEFT

SUBDIVISION Williams Farm BLOCK / SECTION III LOT 23 LOT AREA 1.98AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 11-23-05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EW=170' Linear Feet 300'

No Lines 3X100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I (II) III IV V VI

System Description: 60% 25% REDUCTION

Repair System Description: LP 50% REPAIR

Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Persons 3

[ ] Business No. Employees ____

[ ] Other _____

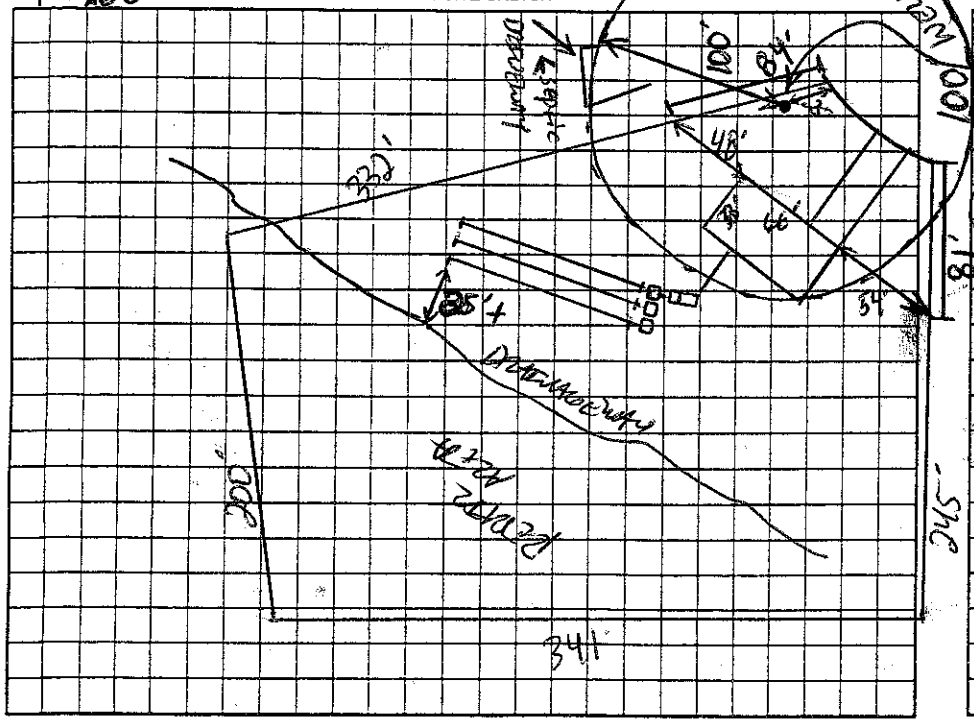
Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth N/A [X] Gravity [ ] Pressure [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

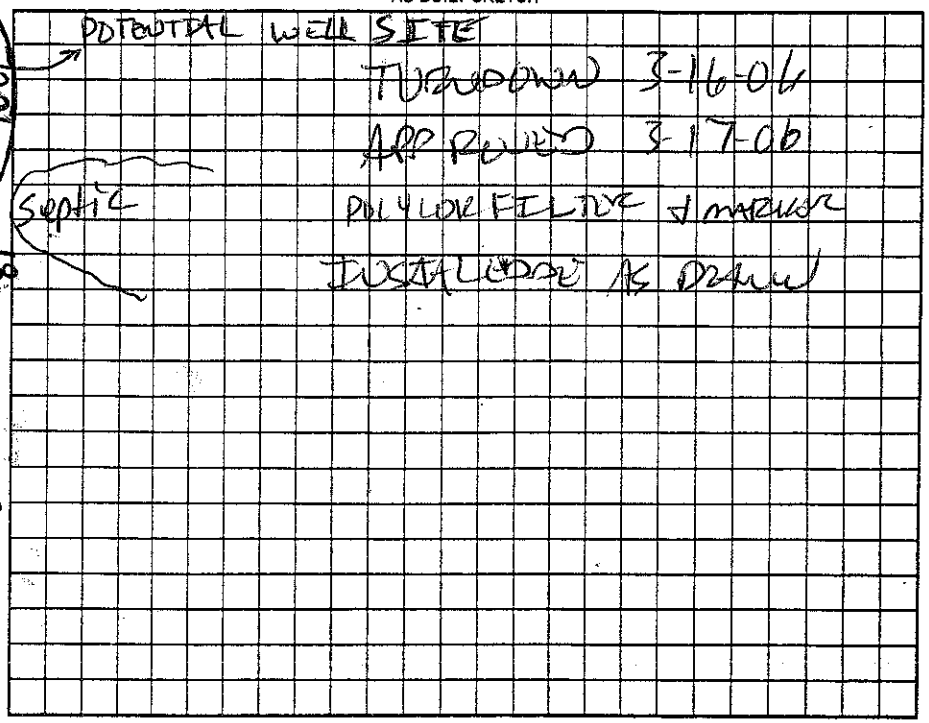
Comments:/Conditions: (1) INSTALL LINES (W) CONTOURS (2) MAINTAIN SETBACKS (3) SLAB BASEMENT AT NATURAL GRADE & DRAINTO HILL. (4) WELL & SEPTIC MUST BE 100' AWAY FROM EACH OTHER.

Comments:/Conditions: (5) WELL MUST BE 100' FROM NEIGHBORS SEPTIC (6) HOUSE & SYSTEM IS COMPLETELY FLAGGED POLYLOK Filter Material

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 [X] Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 2-16-06 Installed by: Mills Septic Service

Improvement Permit by: _____ date 2-16-06 Operation Permit by: _____ date 3-17-06

Authorization to Construct by: _____ date 3-16-06 Existing System Inspection by: _____ date _____

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