IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 102449 PIN# 4722-96-0447 DATE 10/11/01

OWNER OR CONTRACTOR Raymond Stevens PHONE: Business _____ Home 704-871-2720

ADDRESS 114 Oakpost Ln Statesville NC 28677

LOCATION OMR, TL Wallace Springs, TL Chas's, TR Minyard at end

SUBDIVISION Williams Farm BLOCK / SECTION _____ LOT 24 LOT AREA 1.818 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 3-23-02
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535'
No Lines 5@102' Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: (I) II. IV. V. VI
System Description: Gravity conventional
Repair System Description: Gravity 25% Red.
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12" ☐ Slab ☐ Crawl Space X Basement w/plumbing ☐ Basement wo/plumbing

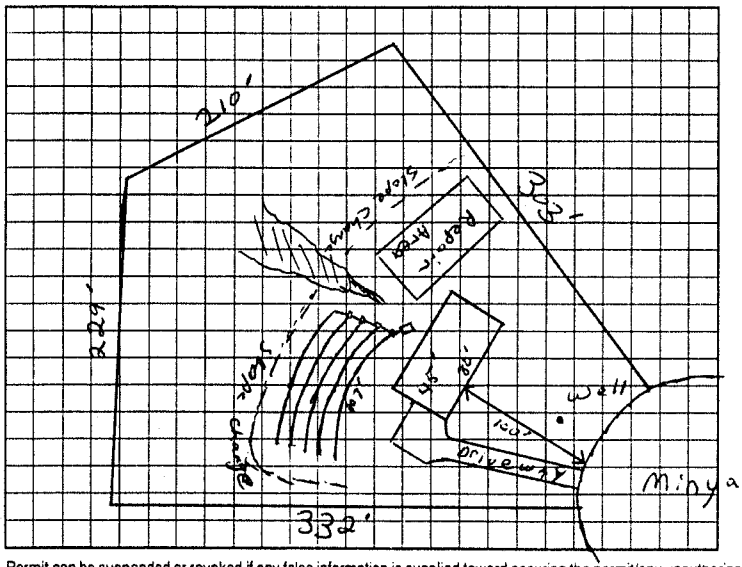
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees _____
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

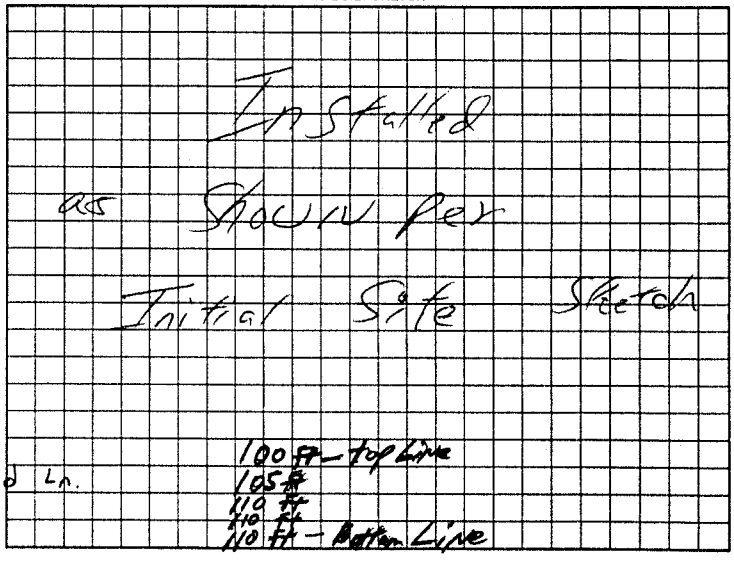
Comments/Conditions: Install drain lines on Contour
Keep well 100' from septic system

Comments/Conditions: — pot. tank effluent filter Installed
— S.T. 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: Billy Stevens date 10-11-01 Installed by: Dale Winglee

Improvement Permit by: RST date 10/11/01 Operation Permit by: William O. Johnson date 6/11/02

Authorization to Construct by: RSE date 10/11/01 Existing System Inspection by: _____ date _____

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