IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116082 PIN# 4722-86-8220 DATE 10/15/03

OWNER OR CONTRACTOR Randall Myers PHONE: Business (704) 878-0616 Home —

ADDRESS 2534 Hickory Hwy Statesville N.C. 28677

LOCATION Hwy 21 South (R) Old Mth Rd (R) Wallace Springs Rd (R) Charis Lane (R) Mhyard 1st on left

SUBDIVISION Williams Farm BLOCK / SECTION 3 LOT 22 LOT AREA .974 Acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 4000 Gallons; STB 1007 Date 3-17-04
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eav. 1440 Linear Feet 360
No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Gravity, 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

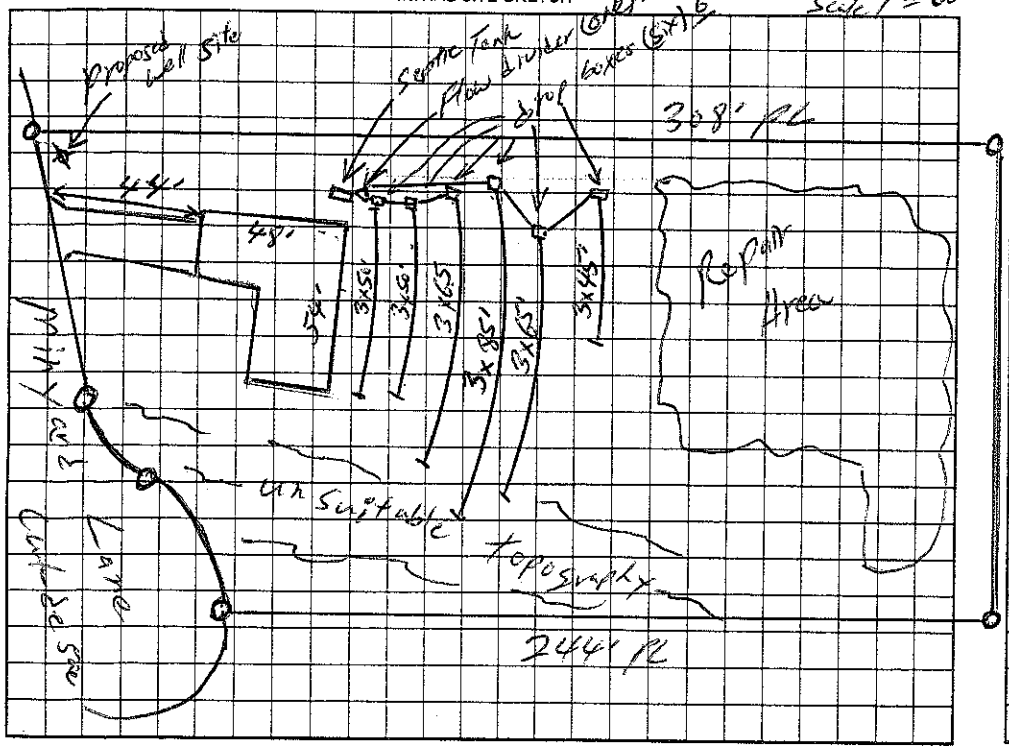
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

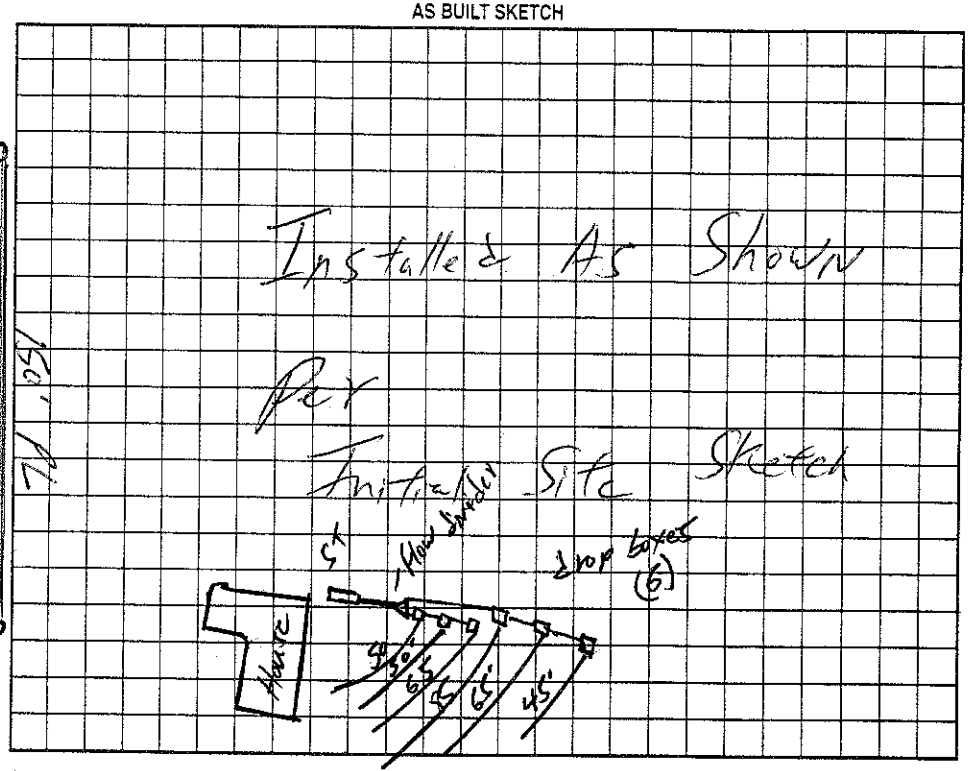
Comments:/Conditions: ① Install lines on contour with one (1) flow divider ② Six drop boxes ③ Keep well at least 90 ft from Septic System ④ maintain proper setbacks

Comments:/Conditions:
- ST marker + Tuff-Tite Filter Installed
- 60 Infiltrator Chamberr 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: Randall K M date 10/16/03
Improvement Permit by: William O. Johnson date 10/15/03
Authorization to Construct by: William O. Johnson date 10/15/03

Installed by: Bill Adams
Operation Permit by: William O. Johnson date 4/30/04
Existing System Inspection by: ____ date ____

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