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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 090372 PIN# 4722961980 PT DATE 7/7/2000

OWNER OR CONTRACTOR All Seasons Contract PHONE: Business 450-7654 Home 878-0616

ADDRESS 2534 Hickory Hwy Statesville, NC 28677

LOCATION Old Mountain Rd TR Wallace Springs TL Charis Ln TL Shalom Dr. Lot on left

SUBDIVISION Williams Farm BLOCK / SECTION ____ LOT 13 LOT AREA .62 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 8-31-00
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 3 at 133' Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Gravity-Cavention
Repair System Description: Innovative/Panel Blk
Maintenance Agreement Required: ☐ Yes X No
Gravel Depth 12"

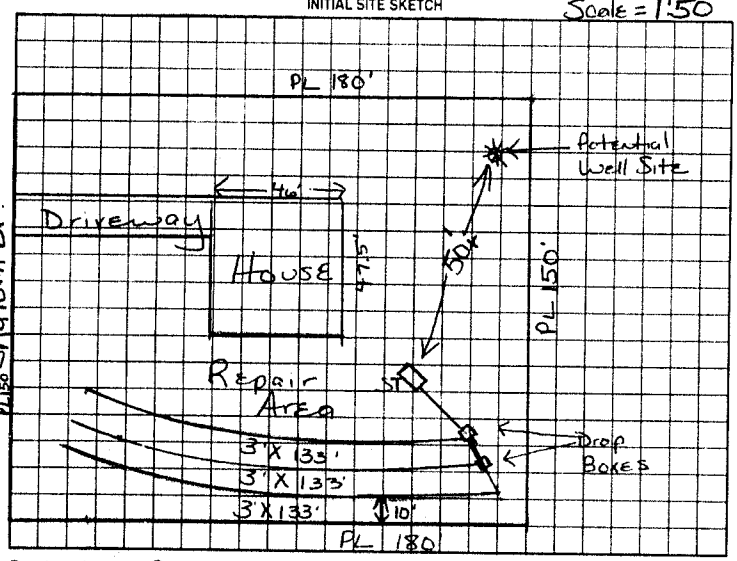
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
Other ____
Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

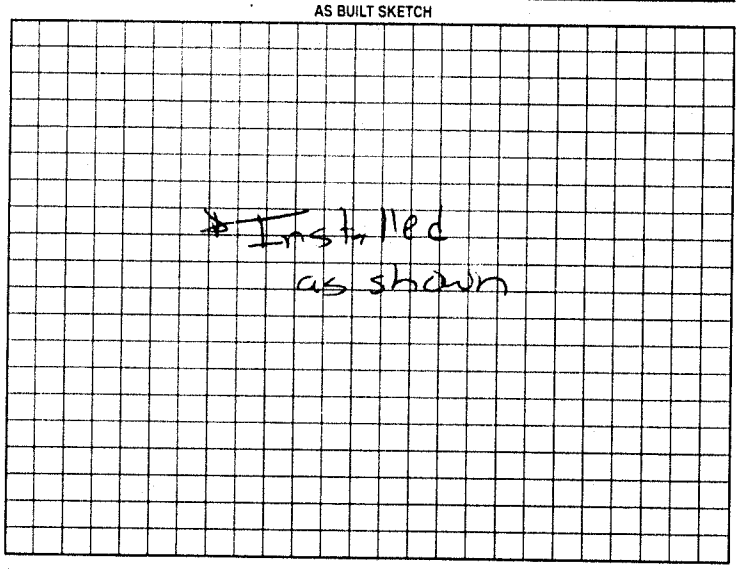
Comments/Conditions: Keep Septic System at least 10' From PL & 5' from house. Keep well > 50' From Septic System.

Comments/Conditions
*Note Trench have 16-18 in stone thruout
lenght 140, 145, 143

INITIAL SITE SKETCH Scale = 1:50



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 Mc date 7/10/00 Installed by: Bill Itkins

Improvement Permit by: Maria H. H. Dotson RS date 7/7/2000 Operation Permit by: Mary C. Uzzle RS date 10-13-00

Authorization to Construct by: Maria H. H. Dotson RS date 7/7 Existing System Inspection by: ____ date ____

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