IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 93069 PIN# 4722 96 6980 DATE 11/29/00

OWNER OR CONTRACTOR All Seasons Contracting PHONE: Business 878-0616 Home

ADDRESS 2534 Hickory Hwy Statesville NC 28677

LOCATION Old Mtn. L Wallace Springs, L Charis L Shalom on Lt

SUBDIVISION Williams Farm BLOCK / SECTION — LOT 12 LOT AREA 0.62 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 1007 Date 1/10/01
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 6 @ 50' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduc.
Repair System Description: Pump PP85
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth —

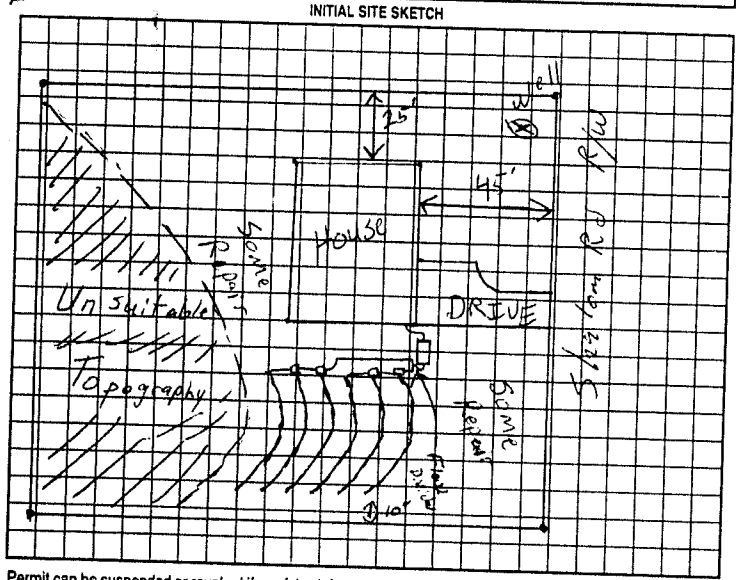
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

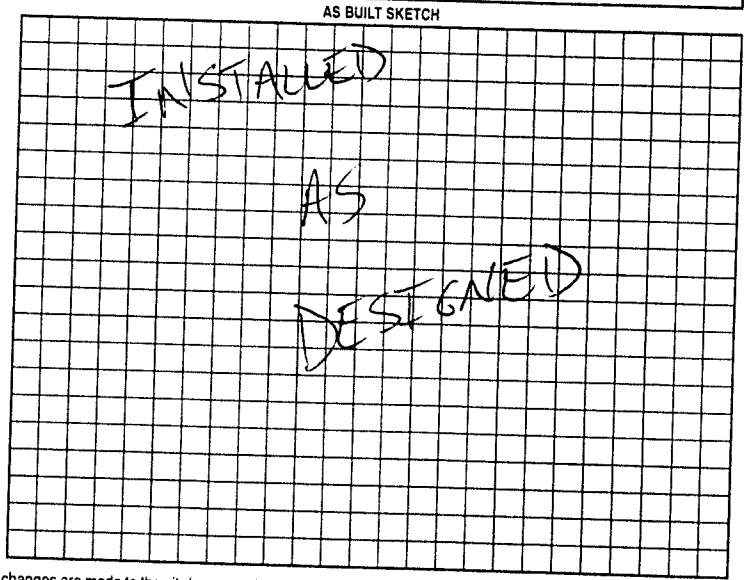
Comments/Conditions: If full cannot be achieved to Septic tank a pump will be required.

Comments/Conditions: (1) PUMP SEPTIC TANK EVERY 3-5 YRS.
(2) SEPTIC TANK PERPENDICULAR TO DRAINLINES

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: Sandra P. Myers date 12-1-00

Improvement Permit by: [signature] RSI date 11/29/00

Authorization to Construct by: [signature] RSI date 11/29/00

Installed by: ADAMS GRADING

Operation Permit by: [signature] date 3/14/01

Existing System Inspection by: date

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