IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122026 PIN# 4722-95-7709 DATE 7/6/04

OWNER OR CONTRACTOR Randall Myers PHONE: Business (704) 902-3199 Home (704) 876-0616

ADDRESS P.O. Box 7227 Statesville N.C. 28687

LOCATION Wallace Springs Rd South, (R) on Charis Lane, (L) Shalom Place 3rd lot on ~~right~~ LEFT

SUBDIVISION Williams Farm BLOCK / SECTION — LOT 11 LOT AREA .628 Ac SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. -30

Septic Tank: 1000 Gallons; STB 1007 Date 10-27-04

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet Eqt. 120 Linear Feet 300'

No Lines 4@25 Trench Width 36 Max Trench Bottom Depth 35" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI

System Description: Gravity, 25% Reduction

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 1½ No. Employees ____

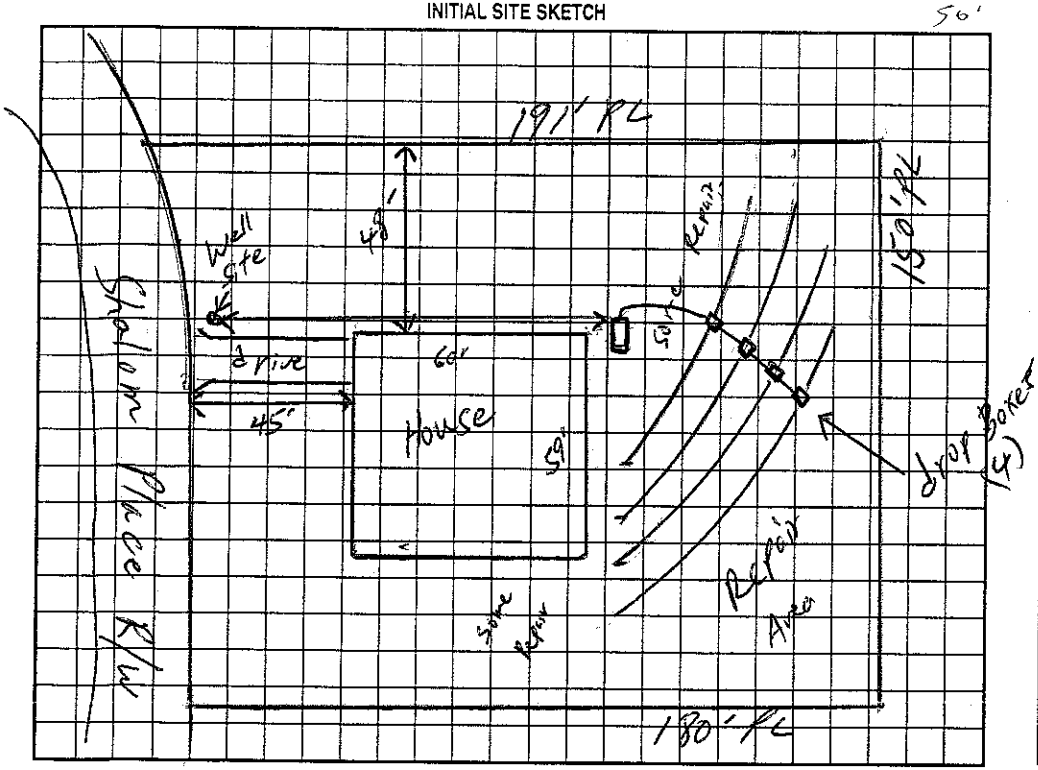
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

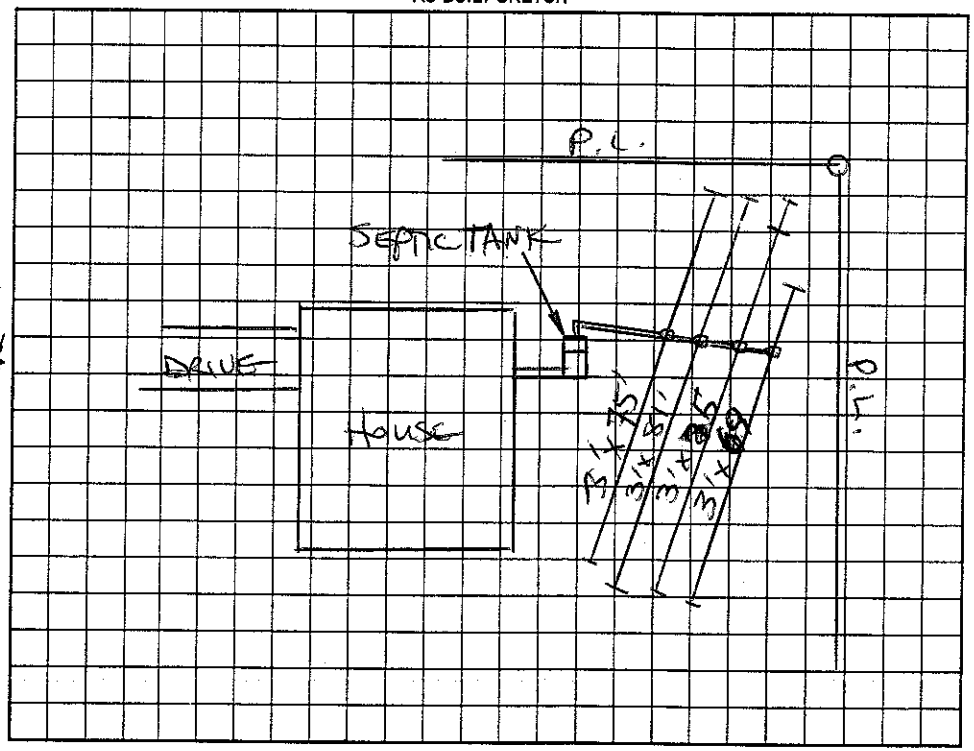
Comments:/Conditions: ① Install lines on contour ② Keep well 100ft from Septic System

Comments:/Conditions: ① SYSTEM INSTALLED AS SHOWN OUT OF CONTOUR & DEEPER THAN 36" IN PLACES. ② SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

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 Myers date 7/12/04

Improvement Permit by: William O. Johnson date 7/6/04

Authorization to Construct by: William O. Johnson date 7/6/04

Installed by: BILL ADAMS

Operation Permit by: STEVE HEDRICK date 1-7-05

Existing System Inspection by: ____ date ____

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