IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139670 PIN# 4722961226 DATE 1-4-07

OWNER OR APPLICANT Keith Miller PHONE: Business 704-902-3764 Home

ADDRESS 117 Airport RD Statesville, NC 28677

LOCATION 21 SOUTH (R) OLD MOCK RD (R) WALLACE SPRINGS (L) CURVES (L) mixed on Right

SUBDIVISION William Lacy BLOCK / SECTION III LOT 20 LOT AREA 1.868 SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 10/18/06
Pump Tank: 1000 Gallons; PT 363 Date 1-18-07
Pump Make: Zoeller Model BN 152-0005 Serial No.
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 200'
No Lines 4x50' Trench Width 24" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion, System Type: I II (III) IV V VI
System Description: Pump 50% RDDUCT
Repair System Description: LPD 50% RDDUCT
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees
☐ Other

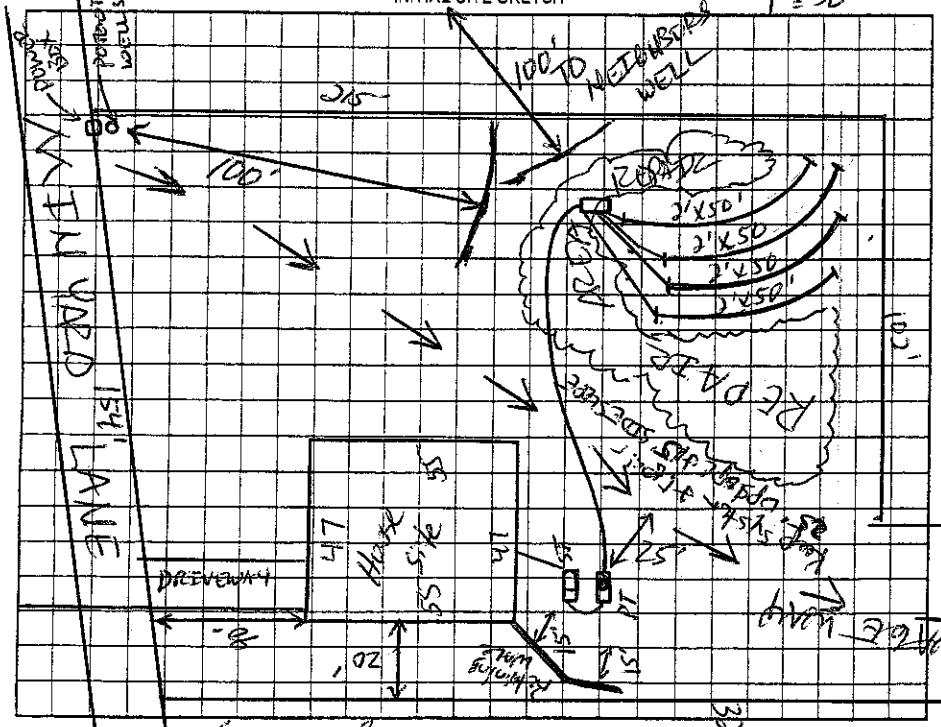
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

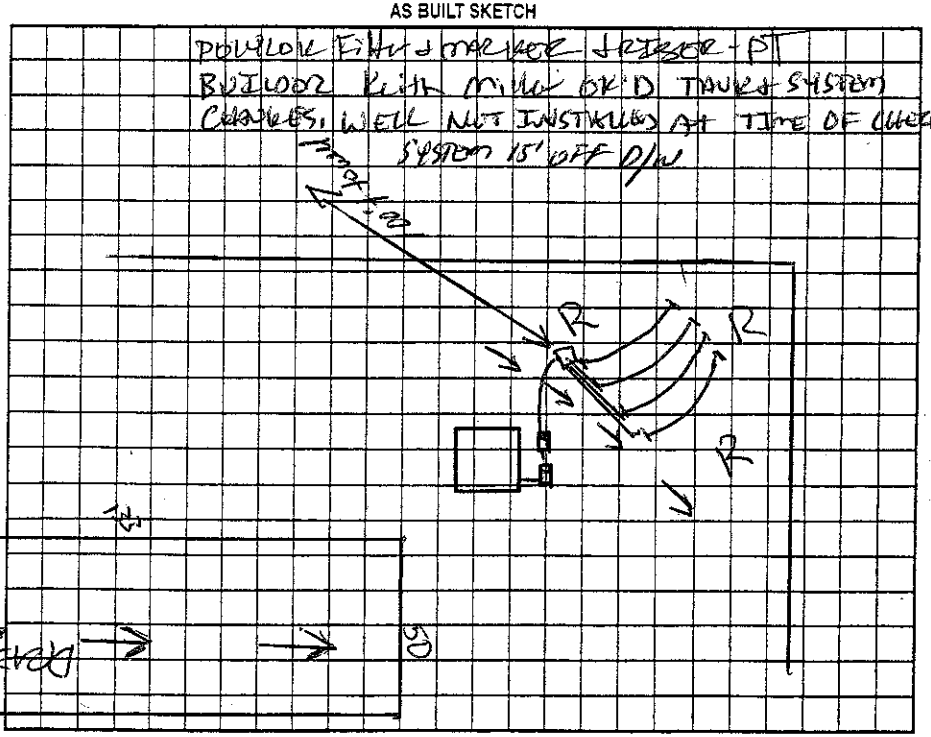
Comments:/Conditions: (1) PUMP TO Pressure Manifold & Feed 4-50'. REDUCTION LINES 50' LONG AS DRAWN AND FLAGGED (2) INSTALL LINES ON CONTOURS & MAINTAIN SETBACKS (3) Keep system 25' UPSLOPE & 15' SIDESLOPE FROM DRAINAGEWAYS.

Comments:/Conditions: (1) WELLS MUST BE 100' FROM ANY PART OF SYSTEM DUE TO SAPROLITE

INITIAL SITE SKETCH 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: _____ date _____ Installed by: Randy Miller

Improvement Permit by: _____ date 1-10-07 Operation Permit by: _____, R.S. date 2/14/07

Authorization to Construct by: _____ date 1-10-07 Existing System Inspection by: _____ date _____

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