[redacted]

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114018 PIN# 4722-96-1511 DATE 7-18-03

OWNER OR CONTRACTOR KEITH MILLER PHONE: Business 704-838-0461 Home 704-902-3764

ADDRESS 117 AIRPORT ROAD, STATESVILLE NC 28677

LOCATION WALLACE SPRINGS ROAD TO CHARIS LANE, LOT ON LEFT AT MINYARD LANE

SUBDIVISION WILLIAMS FARM BLOCK / SECTION 3 LOT 37 LOT AREA 0.794 ACRE SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.35 GPD/FT²

Septic Tank: 1000 Gallons; STB 760 Date 10-13-03
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 60 TO 1380 Linear Feet 345
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 50% REDUCTION, LOW PRESSURE
Maintenance Agreement Required: ☐ Yes ☑ No

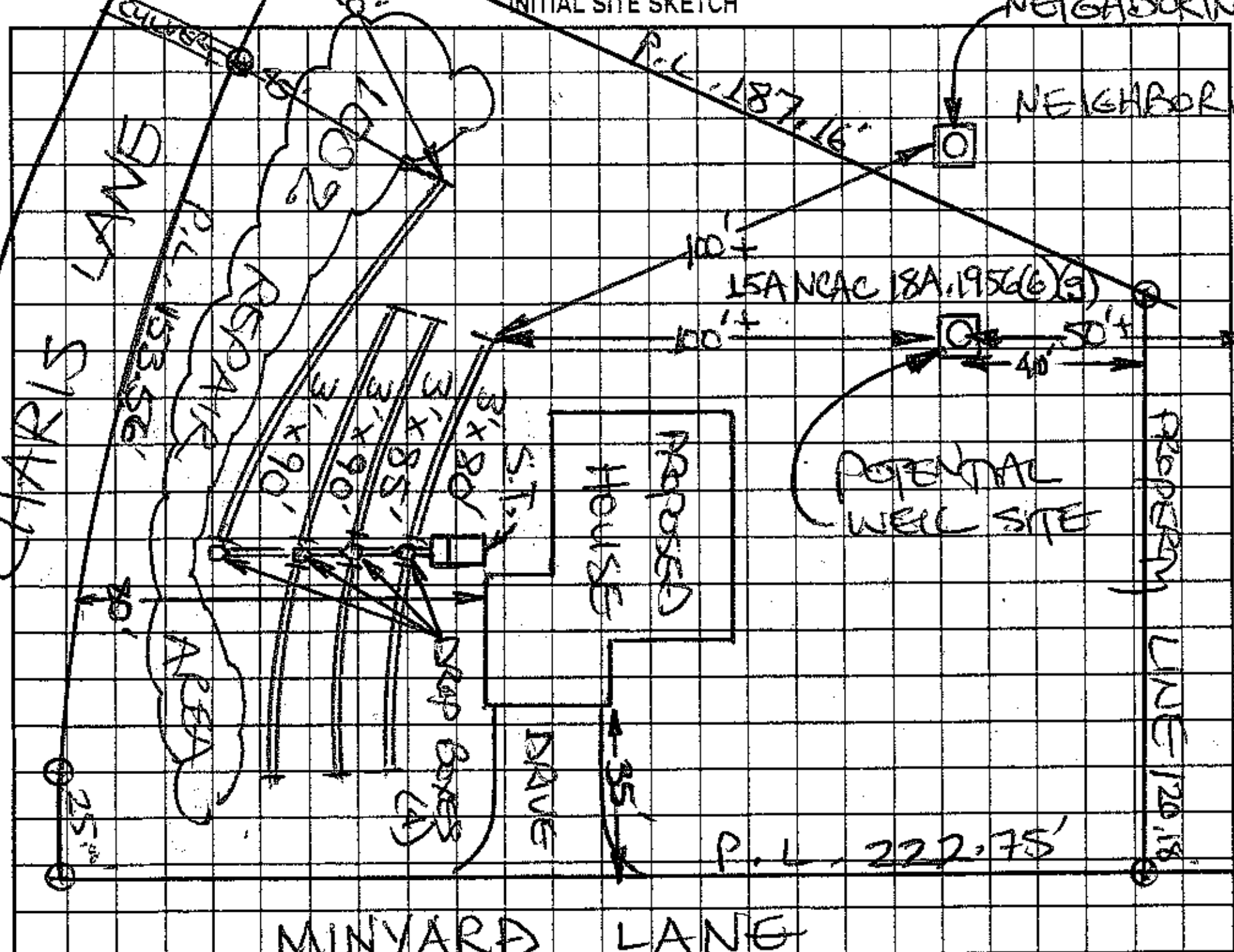
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 1/2 No. Employees ______
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

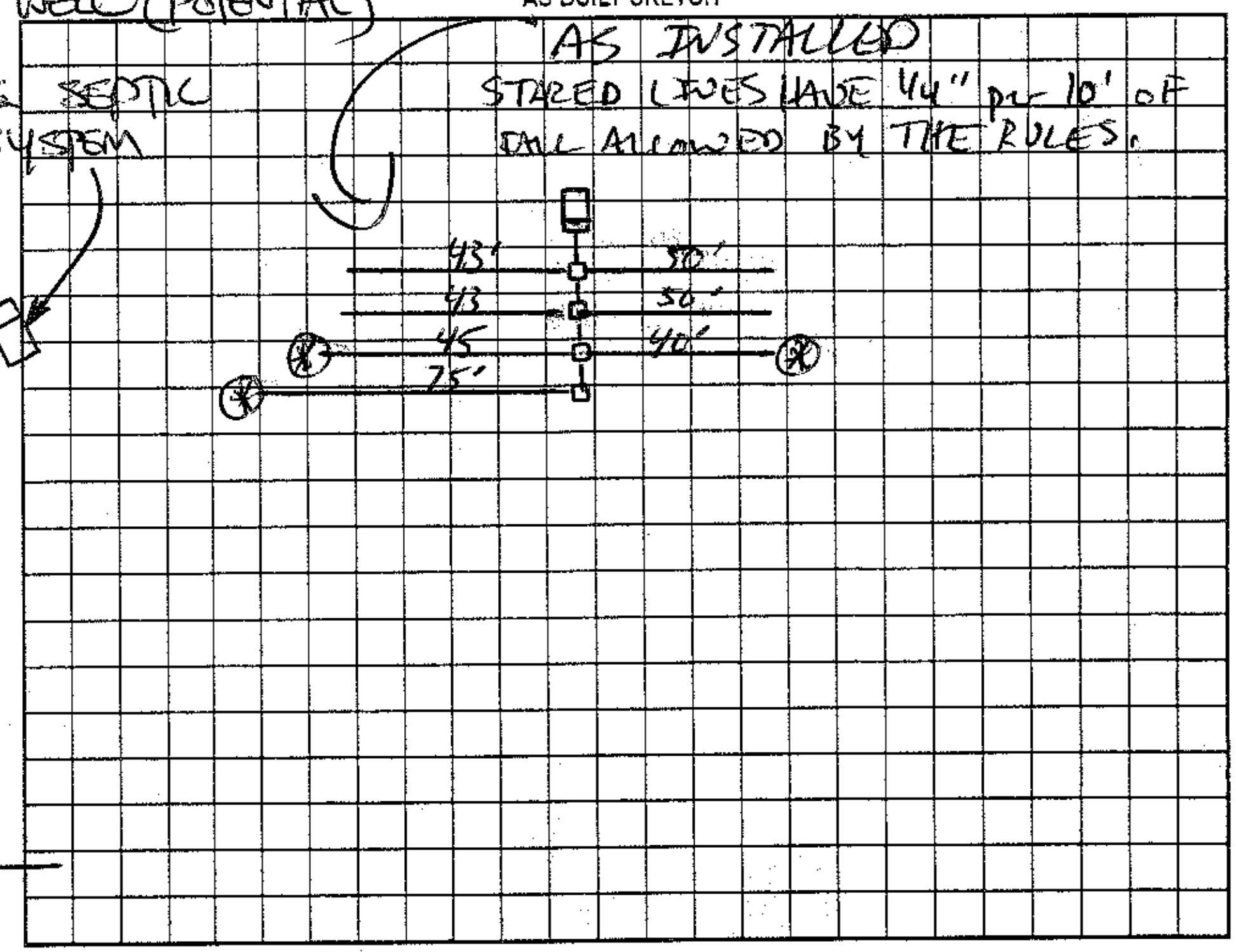
Comments:/Conditions: (1) INSTALL 25% REDUCTION SYSTEM ON CONTOUR AS FLAGGED ON SITE, RAKE & LIME SIDEWALLS WHERE SMEARING OCCURS. (2) KEEP SYSTEM MINIMUM 100' FROM ANY WELL (15A NCAC 18A.1956(6)(9))

Comments:/Conditions: ZABEL FILTER & MARKER
WELL NOT INSTALLED AT TIME CHECK, SYSTEM IS 100' AWAY FROM NEIGHBORS WELL.

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: K. Miller date 7/18/03

Improvement Permit by: STEVE HEDRICK date 7-18-03

Authorization to Construct by: STEVE HEDRICK date 7-18-03

Installed by: JAKE MILLER

Operation Permit by: [signature] date 1-2-04

Existing System Inspection by: ______ date ______

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