IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 110658 PIN# 4722-96-1664 DATE 02/17/03

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

ADDRESS 117 AIRPORT RD, STATESVILLE, NC 28677

LOCATION OLD MTN. RD. (E) WALLACE SPRINGS, (L) CHARIS ST., 7TH LOT ON LEFT IN CURVE.

SUBDIVISION WILLIAMS FARM BLOCK / SECTION 3 LOT 36 LOT AREA 0.667 ACRES SITE CLASS. PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 760 Date 2-28-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300
No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

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

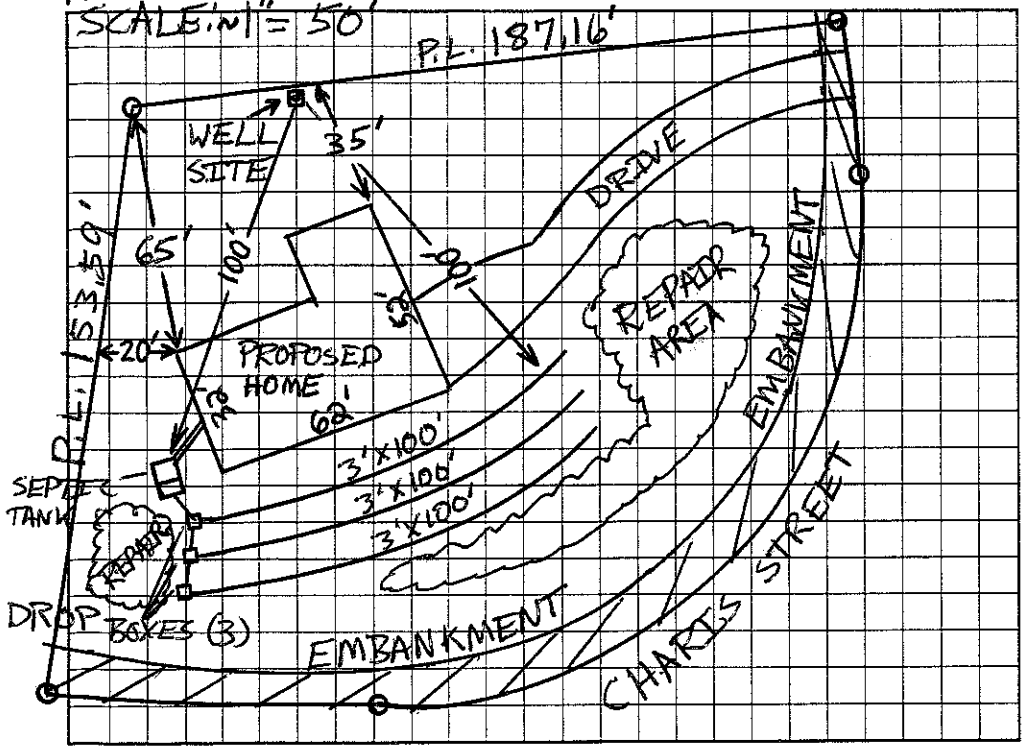
Water Supply: X Individual ☐ Public ☐ Community
WELL

Comments/Conditions: (1) WELL MUST BE 100' PLUS FROM ANY PART OF SEPTIC SYSTEM (15A NCAC 18A.1956(6)(a)).
(2) HOME MUST BE PLACED IN PROPOSED LOCATION OR PERMIT WILL BE VOID.

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH

NOT TO SCALE: 1" = 50'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: [signature] date 2/19/03 Installed by: JAKE MILLER

Improvement Permit by: Patrick Mitchell date 02/17/03 Operation Permit by: STEVE HENDRICK date 7-18-03

Authorization to Construct by: Patrick Mitchell date 02/17/03 Existing System Inspection by: ____ date ____

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