IREDELL COUNTY HEALTH DEPARTMENT (C1) STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

(C1)

PERMIT# 105221 PIN# 4722-96-3515 DATE 3-21-02

OWNER OR CONTRACTOR RANDALL MYERS PHONE: Business 704-902-3199 Home 704-878-0616

ADDRESS 2534 Hickory Hwy, STATESVILLE NC 28677

LOCATION WALLACES SPRINGS ROAD TO CHARIS LANE, TL MINYARD LANE, 2ND LOT ON LEFT

SUBDIVISION WILLIAMS FARM BLOCK / SECTION ____ LOT 35 LOT AREA 0.783 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.35 gpd/ft²

Septic Tank: 1000 Gallons: STB 1007 Date 6-17-02
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345
No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (C1) III. IV. V. VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: CONVENTIONAL, GRAVITY
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

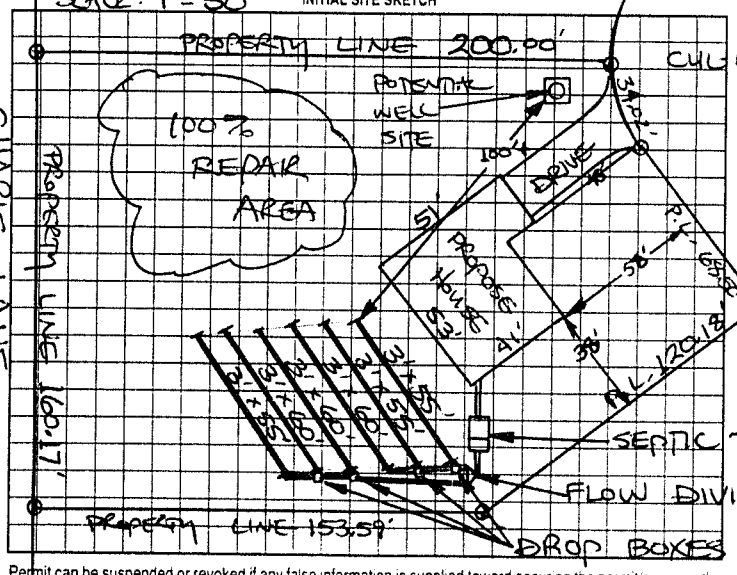
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community

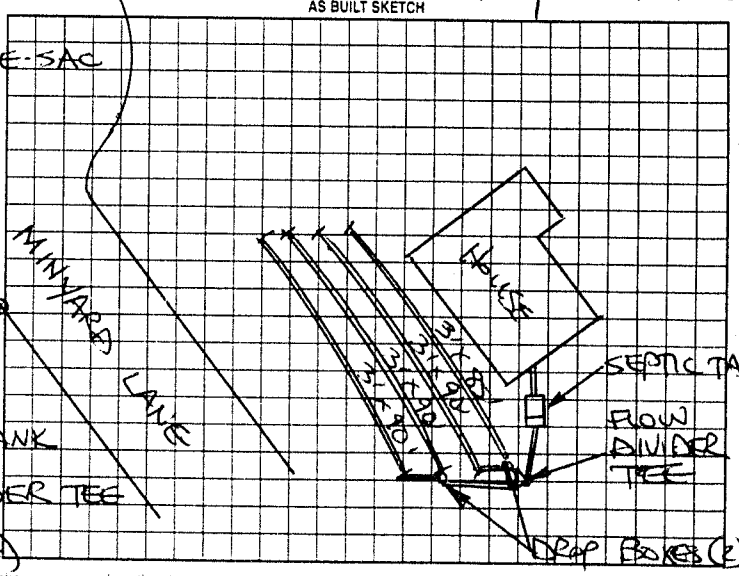
Comments/Conditions: (1) USE ONE FLOW DIVIDER TEE TO ACHIEVE EQUAL DISTRIBUTION INTO TWO SERIES OF DROP BOXES FEEDING THREE LINES (2) KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: (1) SYSTEM ALTERED AS SHOWN WITH PRIOR HEALTH DEPT. APPROVAL (2) SEPTIC TANK WITH MARKER INSTALLED USING "POLY-TOK" FILTER

SCALE: 1" = 50' 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: [signature] date 7/21/02 Installed by: BILL ADAMS

Improvement Permit by: STEVE HEDRICK date 3-21-02 Operation Permit by: STEVE HEDRICK date 8-9-02

Authorization to Construct by: STEVE HEDRICK date 3-21-02 Existing System Inspection by: ____ date ____

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