IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 21264 PIN# 4722-96-8458 DATE 7-22-04

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

ADDRESS 117 AIRPORT RD STATESVILLE, NC 28677

LOCATION 21 SOUTH @ DAIR @ WALLACE SPRINGS @ CHARIS 4TH # 6 ON RT

SUBDIVISION Williams Farm BLOCK / SECTION ____ LOT 6 LOT AREA .69AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 760 Date 1-11-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ=1200' Linear Feet 300'
No Lines 3 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: 6 GAL 2500 REDOUT
Repair System Description: LP 50% RED
Maintenance Agreement Required: ☐ Yes ☒ No

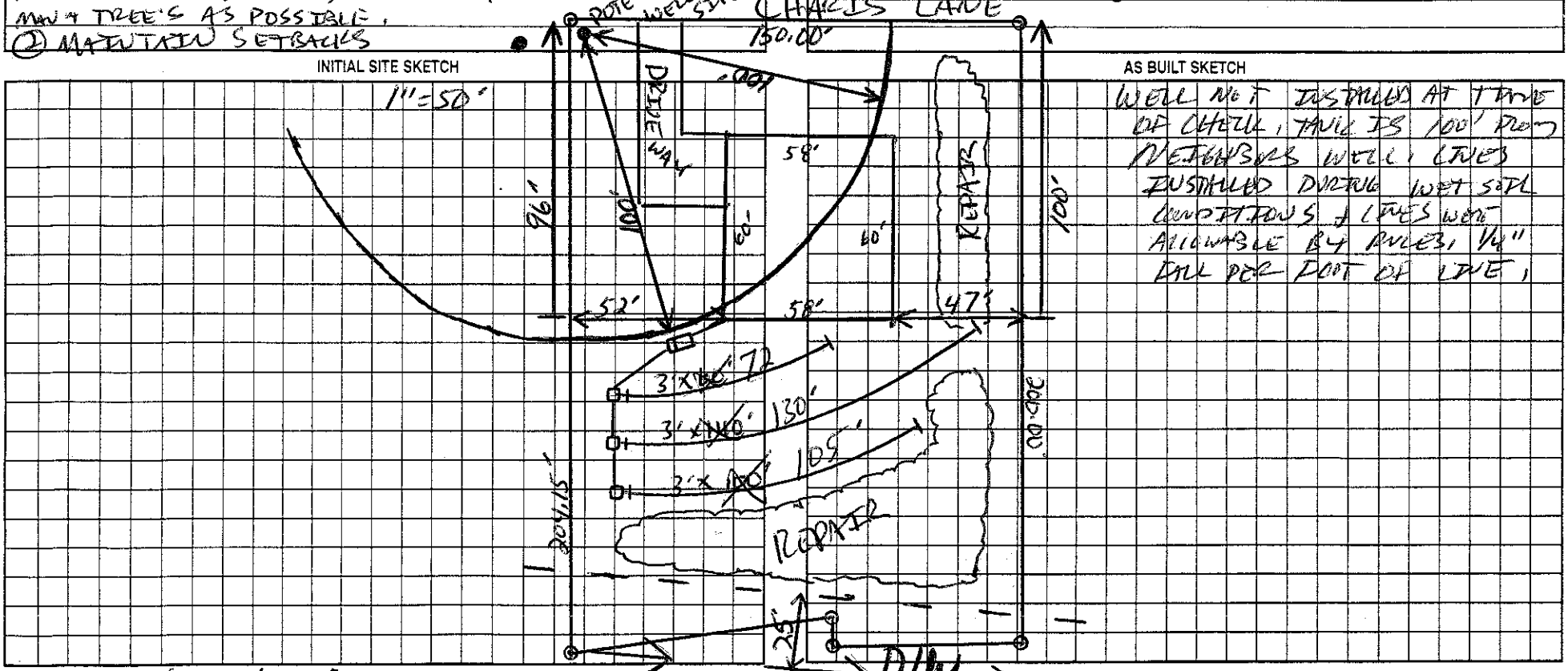
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: (1) INSTALL LINES ON CONTOURS AS FLAGGED. OWNER WANTS TO SAVE AS MANY TREES AS POSSIBLE. (2) MAINTAIN SETBACKS

Comments/Conditions: (3) MAINTAIN 100' SETBACK TO WELL

INITIAL SITE SKETCH



AS BUILT SKETCH

WELL NOT INSTALLED AT TIME OF CHECK, TANK IS 100' FROM NEIGHBORS WELL. LINES INSTALLED DURING WET SOIL CONDITIONS & LINES WERE ALLOWABLE BY INCHES, 1/4" FALL PER FOOT OF LINE.

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 7/22/04 Installed by: JAKE Miller

Improvement Permit by: [signature] date 7-22-04 Operation Permit by: [signature] date 4-8-05

Authorization to Construct by: [signature] date 7-22-04 Existing System Inspection by: ____ date ____

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