*PERMIT REPLACES ONE ISSUED 6-1-04, NOW VOID

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120688 PIN# 4724-56-6145 DATE 6-30-05

OWNER OR CONTRACTOR JAMES WILLIAMS PHONE: Business (704) 902-4687 Home (704) 871-1208

ADDRESS 120 HYDE LANE STATESVILLE NC 28625

LOCATION I-40 W TL HWY 90 TR BRISTOL PROPERTY ON RIGHT BEHIND EXTENSION OFFICE & DAYSTAR CHURCH

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 825 Date 8-20-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines THREE (3) Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: PUMP CONVENTIONAL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____

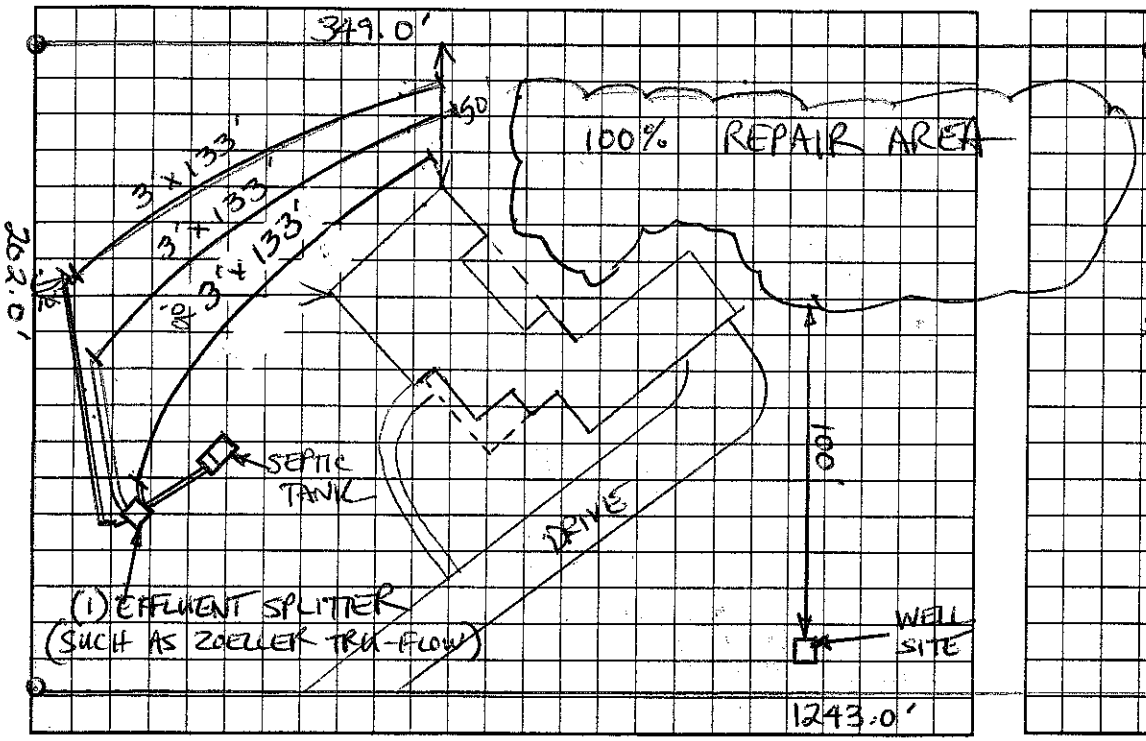
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

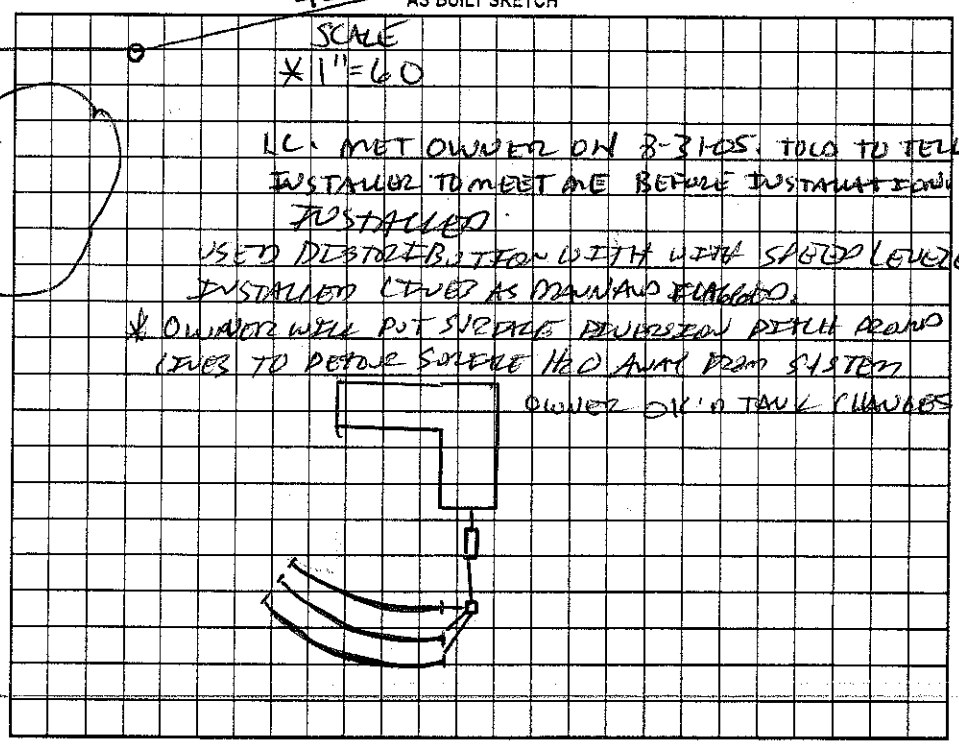
Comments:/Conditions: ① INSTALL LINES ON CONTOUR
② MAINTAIN SETBACKS ③ AN ACCEPTED SYSTEM MAY ALSO BE USED.

Comments:/Conditions: TUFFTITE FILTER FABRIC

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: _____ date 7-6-05 Installed by: ROWAN SEPTIC

Improvement Permit by: _____ RS LSS date 6-30-05 Operation Permit by: _____ date 11-10-05

Authorization to Construct by: _____ RS LSS date 6-30-05 Existing System Inspection by: _____ date _____

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