IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88797 PIN# ~~4726316491 PT~~ 4726-53-0081 DATE 7/5/00

OWNER OR CONTRACTOR RICHARD WILSON PHONE: Business 873-9034 Home

ADDRESS 2010 JAMES WAY STATESVILLE 28625

LOCATION SLOTTS CREEK - TL MILLER FARM - TR OFF - TR DEERCROFT - ON LT

SUBDIVISION DEERCROFT BLOCK / SECTION 4 LOT 192 LOT AREA .894AC SITE CLASS. RS DESIGN FLOW 360GPD L.T.A.R. .3gal/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 5-7-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CONVENTIONAL
Repair System Description: GRAV/PUMP 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☑ No

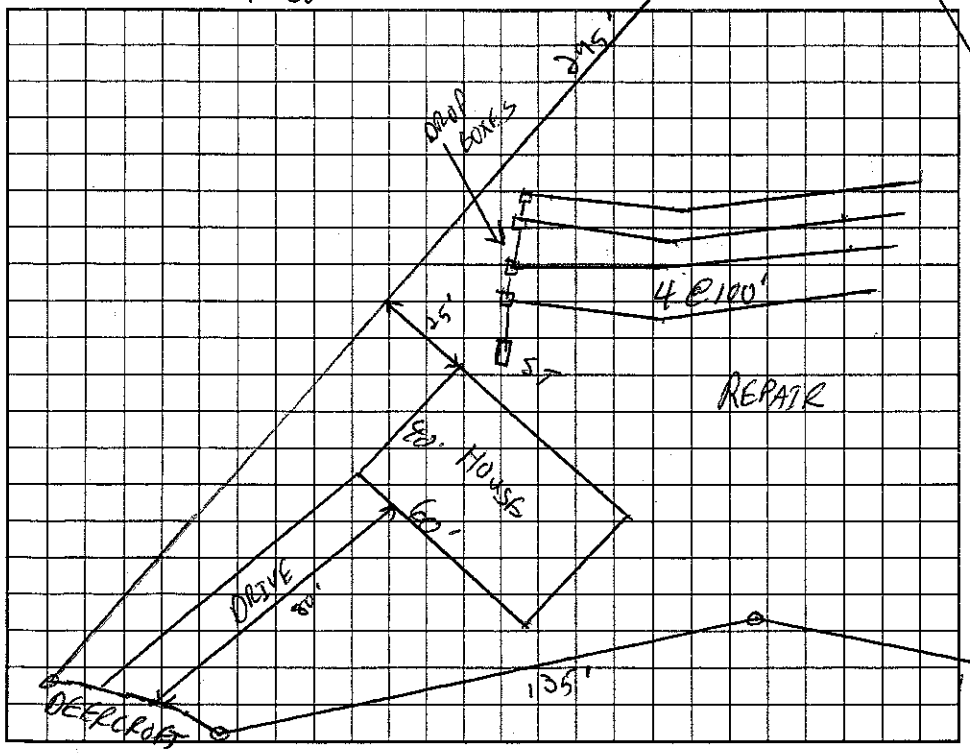
☐ ~~House~~/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☐ ~~Public~~
☐ Community

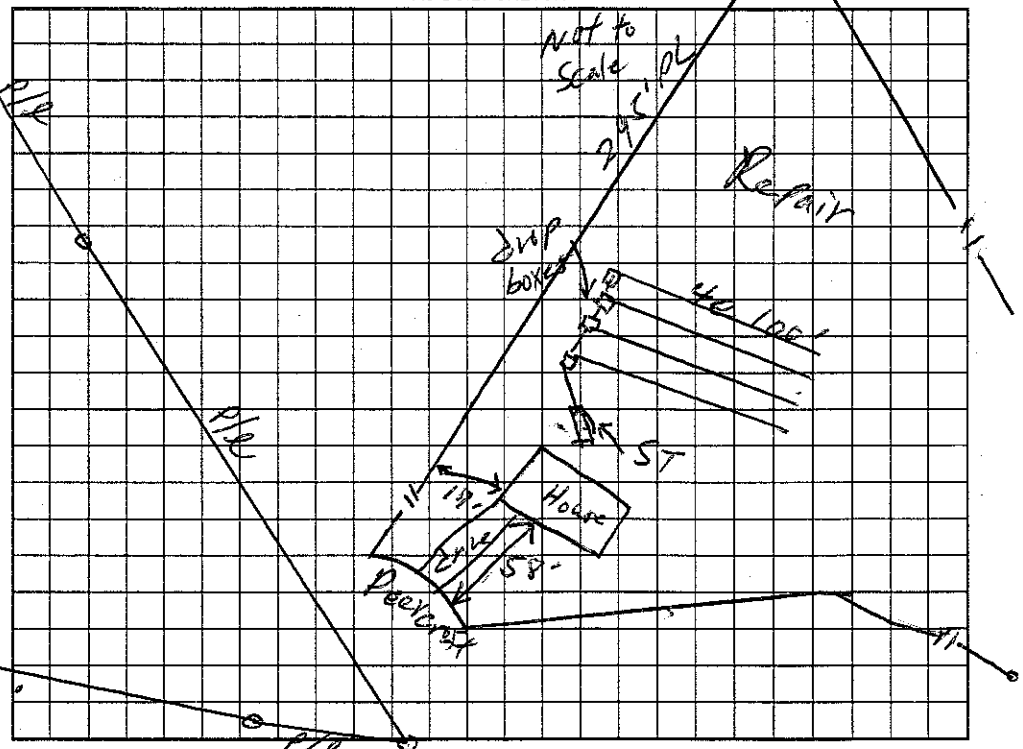
Comments:/Conditions:

Comments:/Conditions: TUFF-TITE FILTER, + ST MARKER INSTALLED

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: Richard Wilson date 7/13/00 Installed by: Steve Jordan

Improvement Permit by: [signature] date 7/5/00 Operation Permit by: William O. Johnson date 11/14/03

Authorization to Construct by: [signature] date 7/5/00 Existing System Inspection by: ____ date ____

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