IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT REPLACES PREVIOUS ISSUED 10-11-2002

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

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

PERMIT# 10553L PIN# 4727-81-5299 DATE 4-13-06

OWNER OR CONTRACTOR LISA WILLIAMS PHONE: Business 902-0733 Home

ADDRESS % P.O. Box 5671 STATESVILLE, NC 28687

LOCATION NC 115 N, TR RED CHIMNEY RD, TR FOY LANE 1ST LOT ON LEFT

SUBDIVISION NORTH CROSSING BLOCK / SECTION 2 LOT 15 LOT AREA 0.666 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/AR

Septic Tank: 1000 Gallons; STB 600 Date 10-5-05

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet EQ. 1200 Linear Feet 200

No Lines FIVE Trench Width 24" Max Trench Bottom Depth 36" ~~Gravel~~ Depth SAND 24"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: 50% REDUCTION, GLORY

Repair System Description: 25% REDUCTION, PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

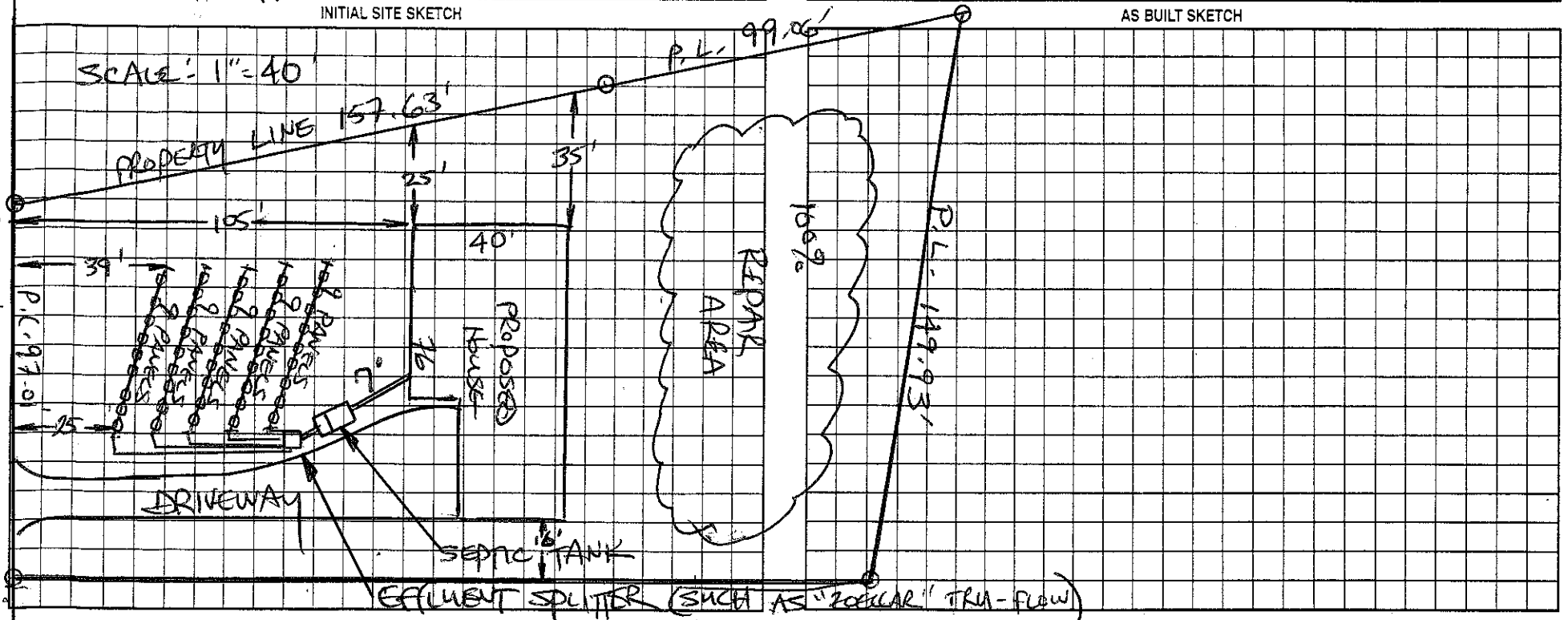
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions: INSTALL 50% REDUCTION SYSTEM USING 45 PPBPS PANELS IN FIVE EQUAL LENGTH LINES USING ONE EFFLUENT SPLITTER TO ACHIEVE EQUAL DISTRIBUTION

Comments:/Conditions:

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: Lisa Williams date 4-17-06 Installed by: Kenny Madison

Improvement Permit by: STEVE HEDRICK date 4-13-06 Operation Permit by: [signature] date 6-1-10

Authorization to Construct by: STEVE HEDRICK date 4-13-06 Existing System Inspection by: ____ date ____

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