IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 100860 PIN# 4732 06 1040 DATE 6-19-01

OWNER OR CONTRACTOR KEITH MILLER PHONE: Business (704) 902-3764 Home (704) 838-0461

ADDRESS 117 AIRPORT ROAD, STATESVILLE, NC 28677

LOCATION WALLACE SPRINGS ROAD, TR CHARIS LANE, 1ST LOT ON LEFT

SUBDIVISION WILLIAMS FARM BLOCK / SECTION ____ LOT 3 LOT AREA 0.685 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT²

Septic Tank: 1000 Gallons: STB 760 Date 5-11-01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines FOUR 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: CONVENTIONAL, PUMP
Maintenance Agreement Required: ☐ Yes ☑ No

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

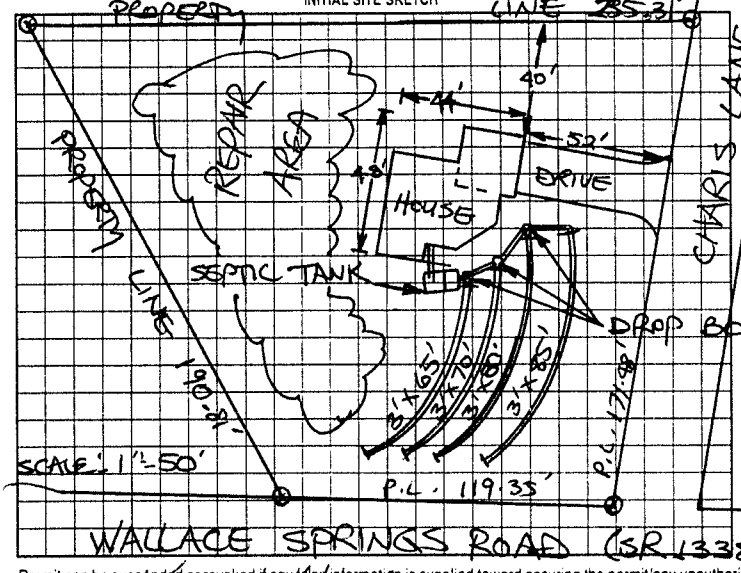
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions
- Zabel Filter Installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown

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: Keith Miller date 7/3/01

Improvement Permit by: STEVE HEDRICK date 6.19.01

Authorization to Construct by: STEVE HEDRICK date 6.19.01

Installed by: Jake Miller

Operation Permit by: William A Johnson date 9/18/01

Existing System Inspection by: ____ date ____

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