IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4746-36-4441 DATE 4/12/04

OWNER OR CONTRACTOR Betty Williams PHONE: Business — Home (704) 876-2234

ADDRESS 227 Shumaker Drive Statesville N.C 28677

LOCATION Hwy 21 N Onto Shumaker Drive House on left at 227 Shumaker.

SUBDIVISION Iredell Heights BLOCK / SECTION — LOT 492 LOT AREA .45 Acre SITE CLASS. F5 DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: Existing Gallons; STB ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 562 Linear Feet 150

No Lines 2 @ 25' Trench Width 36" Max Trench Bottom Depth — Gravel Depth 15"

☐ New System ☒ Repair System Type: I, ⓘ, III, IV, V, VI

System Description: ____

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

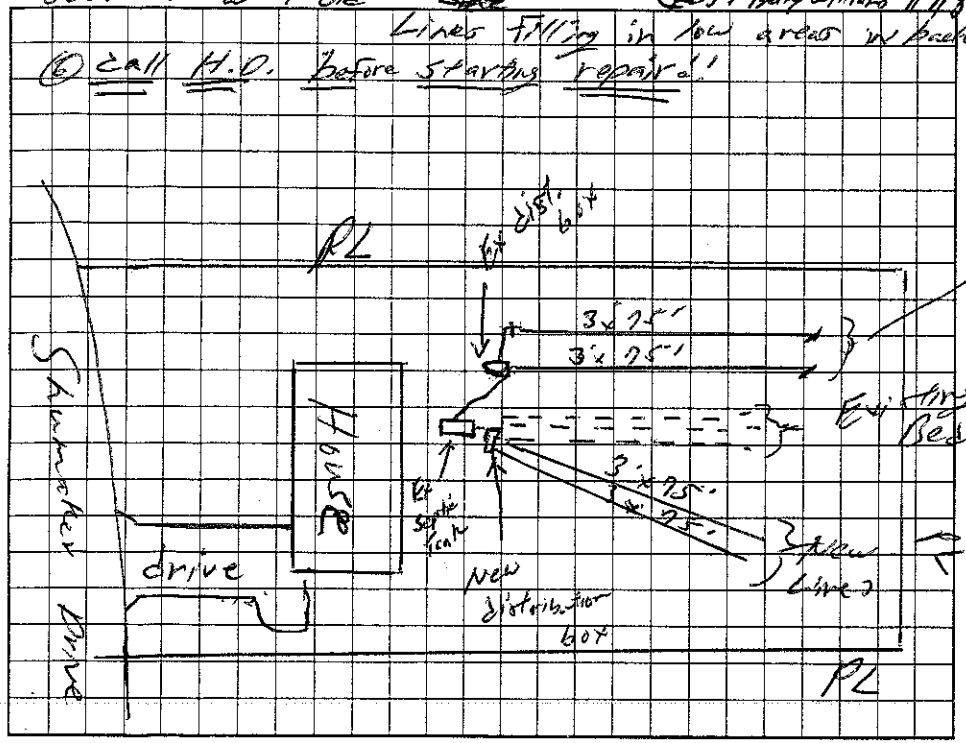
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☒ Public ☐ Community

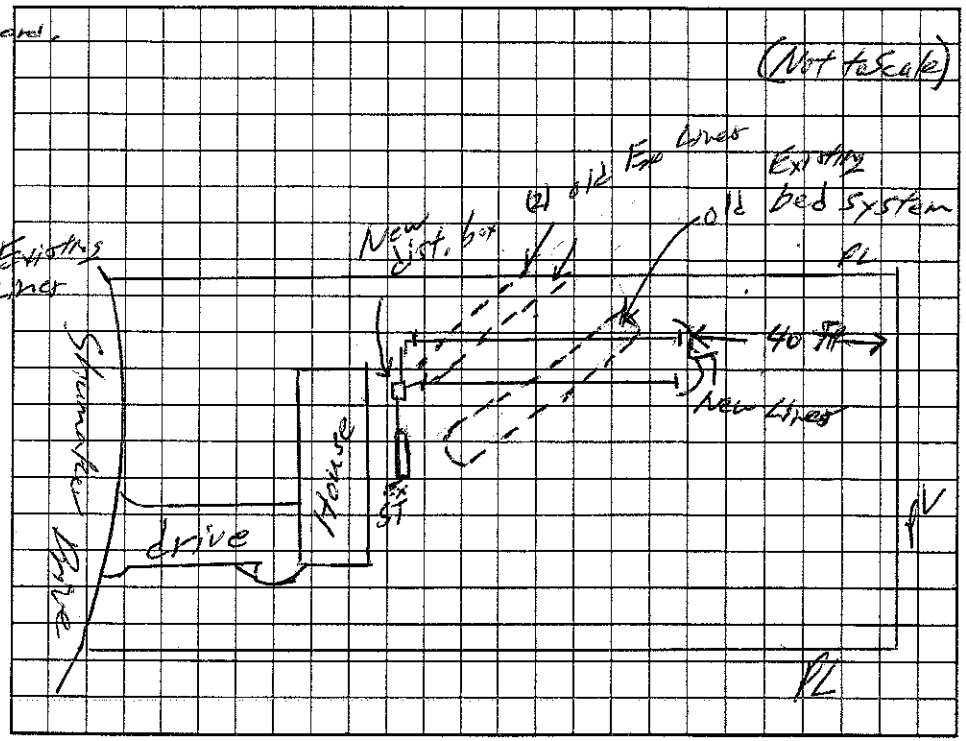
Comments:/Conditions: ① Install 2 new lines @ 75ft with 15" of gravel ② Install new dist. box. ③ Remove Maple trees in back yard ④ Pump out Septic Tank before starting repair. ⑤ re-landscape area over New + old ⑥ call H.D. before starting repair!!

Comments:/Conditions: ① Removed 5 trees from Septic System Area ② New dist box installed w/ two lines 75ft + 15" gravel New lines tie into Ex lines that were not in use. filled system.

INITIAL SITE SKETCH (Ref: Betty Williams 7/7/87)



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: Betty Williams date ____ Installed by: Steve Jordan

Improvement Permit by: William O. Johnson date 4/12/04 Operation Permit by: William O. Johnson date 6/8/04

Authorization to Construct by: William O. Johnson date 4/12/04 Existing System Inspection by: ____ date ____

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