IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 094480 PIN# 4747631628 DATE 3/7/01

OWNER OR CONTRACTOR Ray McMillian PHONE: Business _____ Home (704) 876-0392

ADDRESS 709 Whites Farm Rd Statesville N.C. 28625

LOCATION Hwy 21 N., ① Shumaker, ② on Appaloosa Lane, on Rt

SUBDIVISION Saddlewood BLOCK / SECTION 2 LOT 36 LOT AREA .53 Ac. SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .35

Septic Tank: 4000 Gallons: STB 794 Date 12-25-00
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1029 Linear Feet 343
No Lines 4 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

X New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity, Conventional
Repair System Description: Pump, 25% Reduction
Maintenance Agreement Required: ☐ Yes X No
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

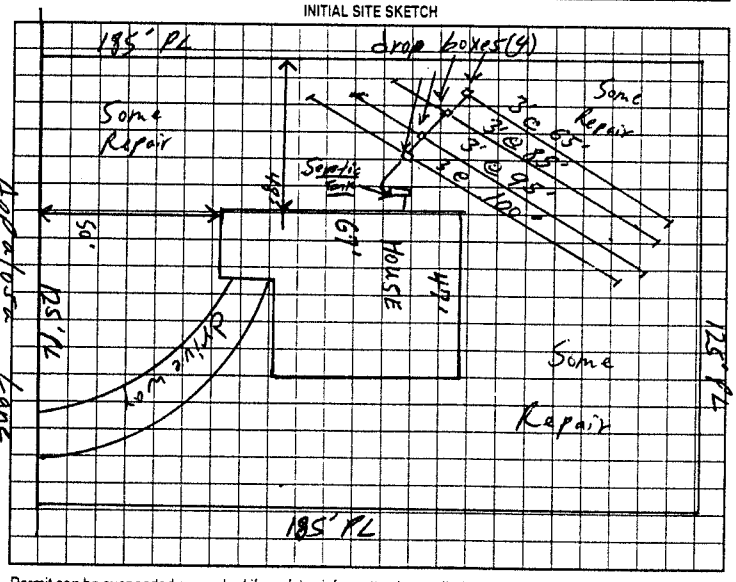
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☐ Individual X Public ☐ Community

Comments:/Conditions: ① Install Lines on contour ② Keep lines 10 ft from property Lines ③ Do not install when wet

Comments:/Conditions:
- Polylok filter installed
- Septic tank riser installed

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Shown per Initial Site 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: Ray C. McMillian date 3/8/01

Improvement Permit by: William O. Johnson RSI date 3/7/01

Authorization to Construct by: William O. Johnson RSI date 3/7/01

Installed by: Kenny Madigan

Operation Permit by: William O. Johnson RSI date 5-3-01

Existing System Inspection by: _____ date _____

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