CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137916 PIN# 4761 96 4697 DATE 20 Sept. 06

OWNER OR APPLICANT Charles Williams PHONE: Business 704-528-5286 Home 980-721-4106

ADDRESS 373 Hemlock Rd. Cleveland, NC

LOCATION ±77 S Exit 45 TL Amity Hill TL Oswalt-Amity TL Hemlock - 2nd House on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2 Ac. SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. 0.275 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 3-26-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 880 Linear Feet 220
No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other _____

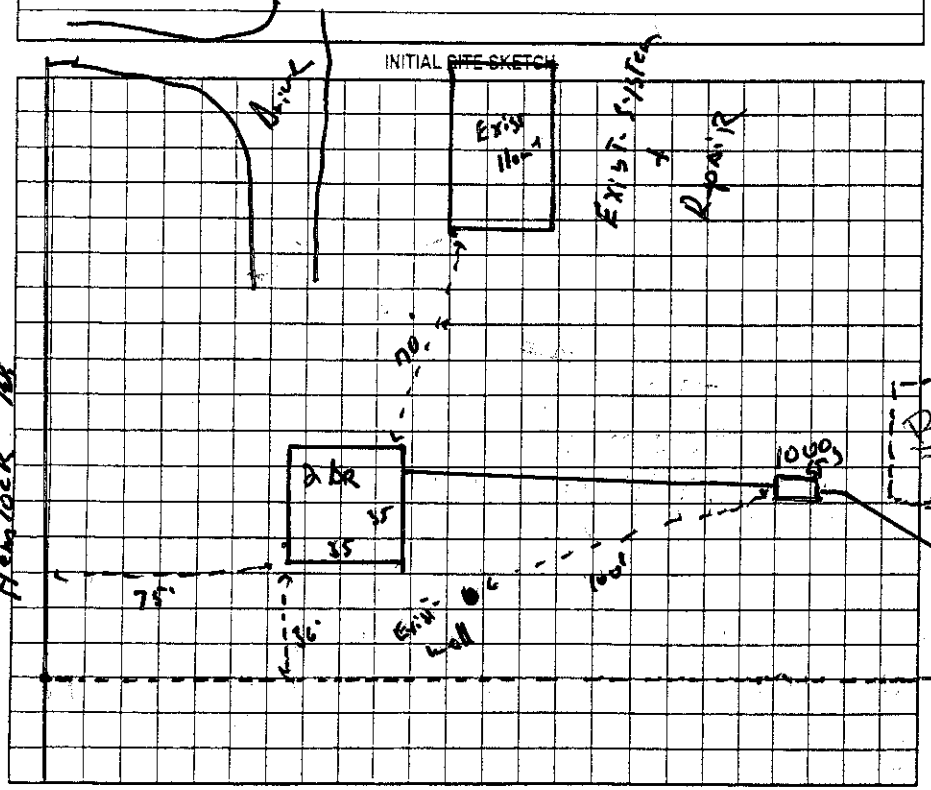
Water Supply: ☑ Individual ☐ Public ☐ Community

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

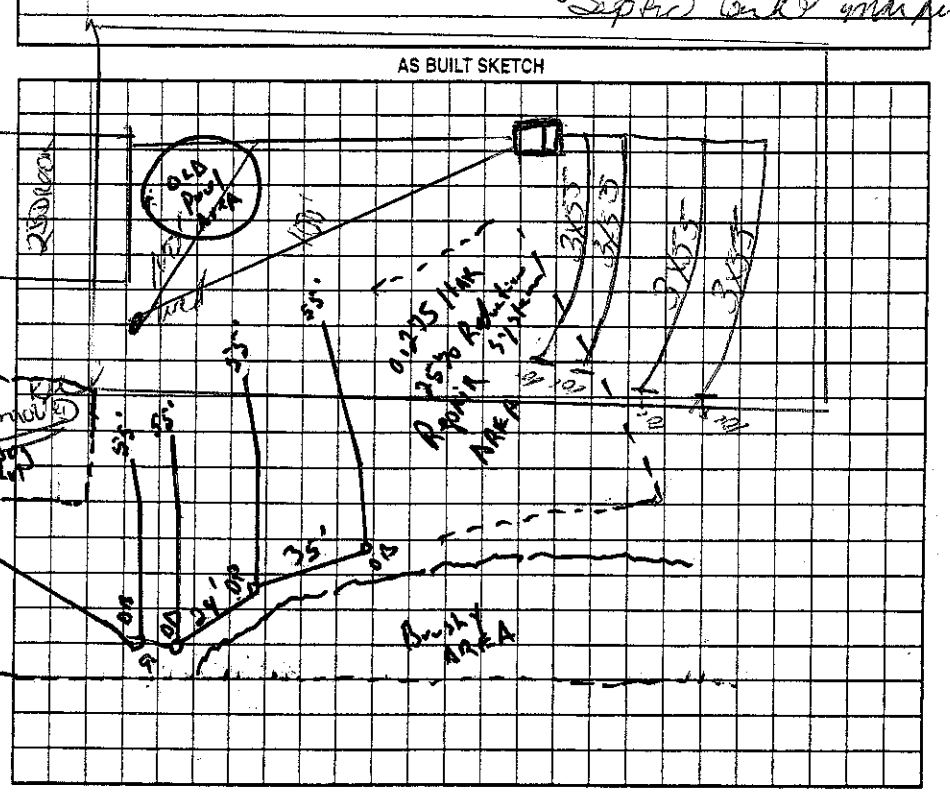
Comments:/Conditions: Keep 100' from well
Follow contour

Comments:/Conditions: Dog lot Removed Silvan Surf for Septic tank grade per

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: Rita Williams date 9/29/06 Installed by: C&S Grading

Improvement Permit by: _____, R.S. date 20 Sept 06 Operation Permit by: Kenneth Cook date 9-2007

Authorization to Construct by: _____, R.S. date 20 Sept-06 Existing System Inspection by: _____ date _____

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 13919 PIN# 4761904497 DATE _____

OWNER OR APPLICANT Charles Willeard PHONE: Business _____ Home _____

ADDRESS _____

LOCATION _____

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .2 Ac SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 1000 Date 3-26-07
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 880 Linear Feet 220
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____ ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Graywater
Repair System Description: 25% Graywater
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms _____
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

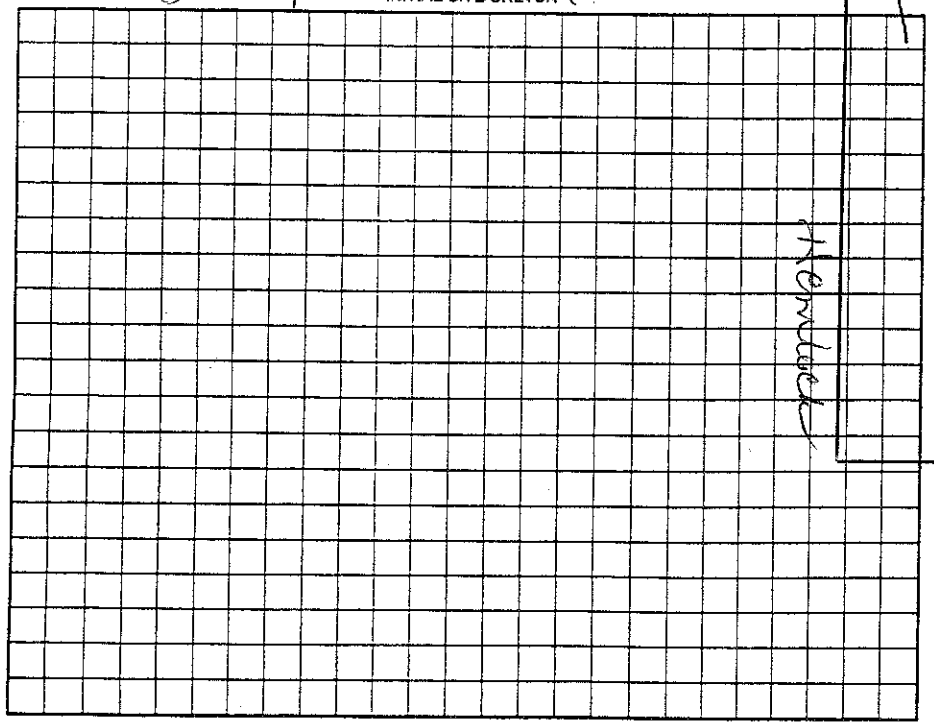
Water Supply: ☐ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

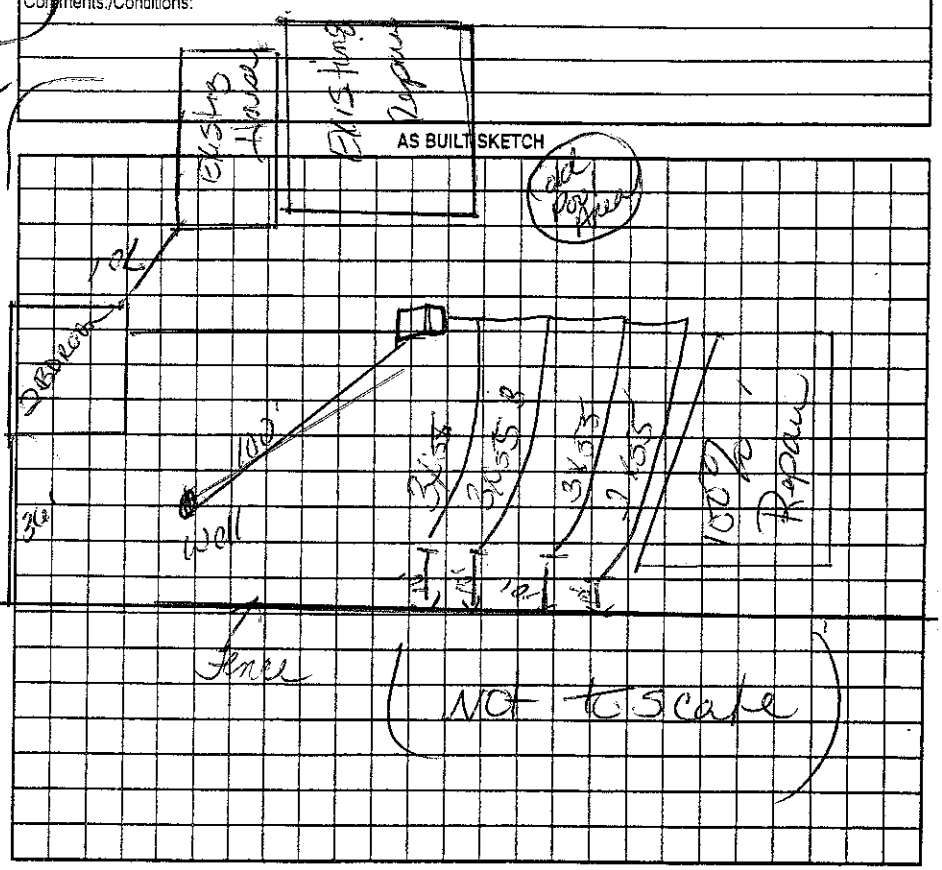
Jim Higgins did initial evaluation Drive
Original permit Attached

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH



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Signed: _____ date _____ Installed by: C&S GRADING

Improvement Permit by: _____ date _____ Operation Permit by: Kenny Cook date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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