IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 6-12-2002

PERMIT# 105321 PIN# 4762450050

OWNER OR CONTRACTOR Danny & Glenda Williams PHONE: Business 437-6444 Home 528-4988

ADDRESS 1072 Charlotte Hwy Troutman, NC 28166

LOCATION Hwy 115 North TR Oswalt Amity TL Bethesda Rd TL Artist Ln on Right #108

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.08 Acre SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1007 Date 07/01/02

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300'

No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

X New System ☐ Repair System Type: I. II. III. IV. V.

System Description: Gravity *25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes X No

Gravel Depth N/A ☐ 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 _____

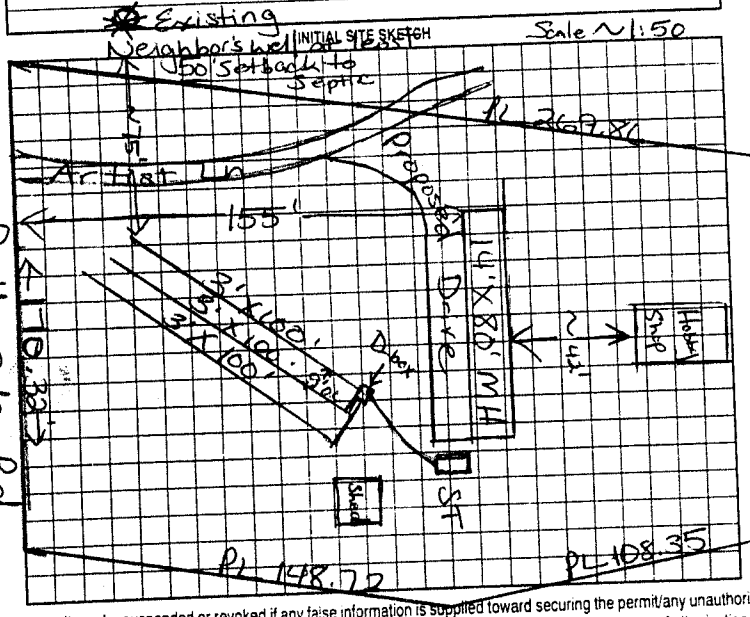
☐ Other _____

Water Supply: X Individual Shared ☐ Public ☐ Community

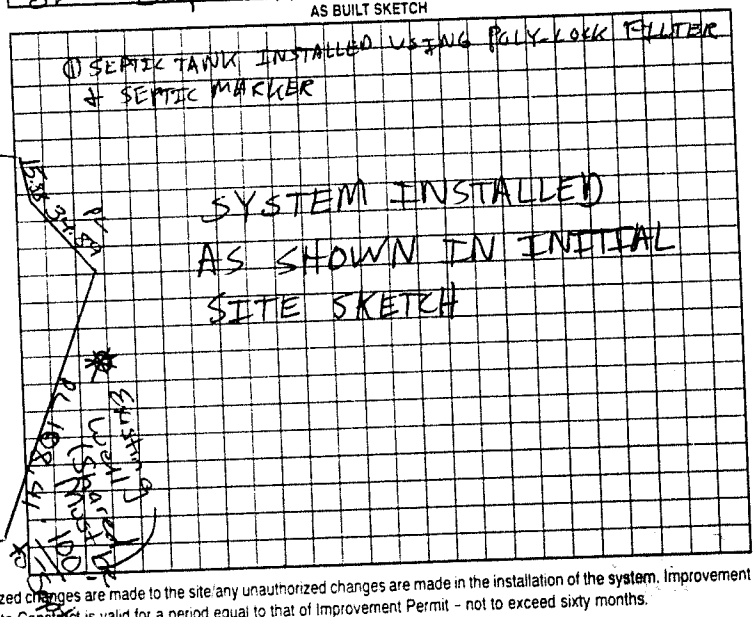
Comments/Conditions: Keep Septic System at least 10' From PL

Comments/Conditions: *25% Reduction = EZ Flow or "Plastic Chambers". Install Drainlines on Contour @ 9A on center. Okay to use Distribution box or "Drop boxes".

INITIAL SITE SKETCH Scale ~1:50



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: Glenda P Williams date 6/13/02 Installed by: JAMES HUDLER

Improvement Permit by: [signature] RS date 6/13/2002 Operation Permit by: [signature] date 08/14/02

Authorization to Construct by: [signature] RS date 6/13/2002 Existing System Inspection by: _____ date _____

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