M Hwy Donar PM

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 12497 PIN# 4774-05-6597 DATE 06/02/06

OWNER OR APPLICANT DON WILLIAMS PHONE: ~~Business~~ 704-402-4984 Home 419-433-8810 (OHIO#)

ADDRESS 508 LILES LN. STATESVILLE

LOCATION HWY 64 E, (R) NEW SALEM, (R) JJ LANE, NEAR END TURN RIGHT DOWN PATH, AT END;

SUBDIVISION N/A BLOCK / SECTION — LOT — LOT AREA 1.9 ACRES SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 1007 Date 4-24-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ to 1,200 Linear Feet 300
No Lines 3 @ 100' Trench Width 36" Max Trench Bottom Depth (36")

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY, 25% REDUCTION
Repair System Description: PUMP, 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

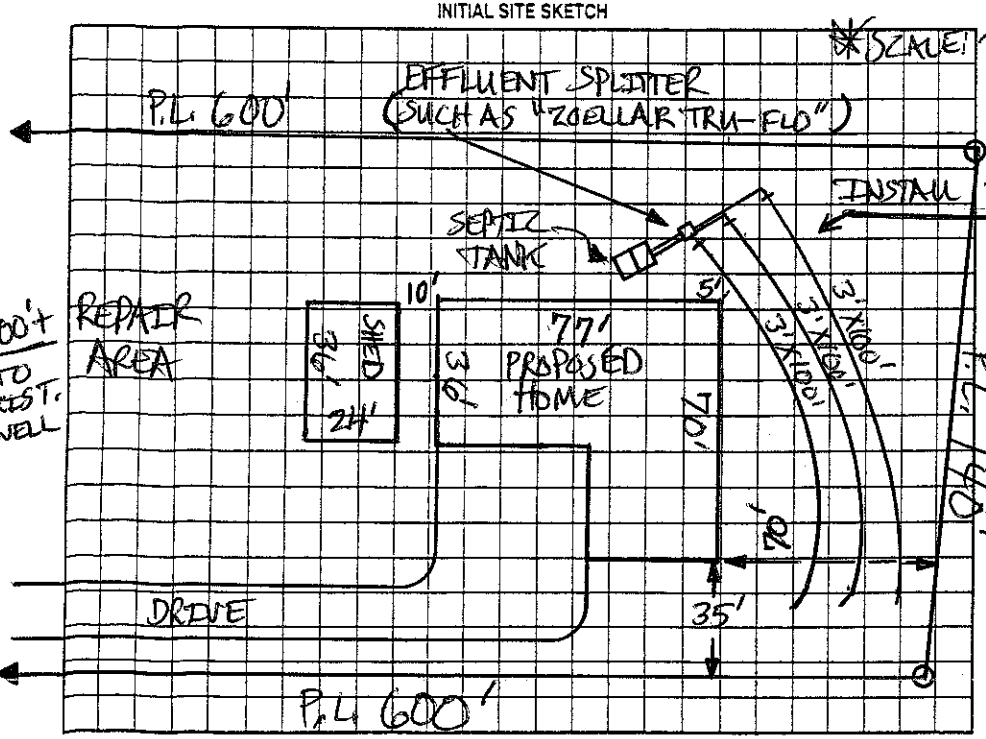
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual WELL ☐ Public ☐ Community

Comments/Conditions: (1) INSTALL DRAIN LINES, 36" TRENCH BOTTOM DEPTH, (2) USE EFFLUENT SPLITTER,

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

*INSTALLED BEFORE HOME CONSTRUCTED;
*DO NOT DISTURB SEPTIC AREA WHEN CONSTRUCTING HOME.

*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: Don C. Williams date ____ Installed by: H+S REPAIR (HERB)

Improvement Permit by: STEVE HENDRICK date 6-2-06 Operation Permit by: [signature] date 06/03/06

Authorization to Construct by: STEVE HENDRICK date 6-2-06 Existing System Inspection by: ____ date ____

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