# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92884 PIN# 4776 19 48 57 DATE 11/21/00

OWNER OR CONTRACTOR Barry G. Miller PHONE: Business _____ Home 873-4875

ADDRESS 445 Wooten Farm Rd. Statesville NC 28625

LOCATION 64 E, L River Hill, L Wooten Farm on Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .75 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.5

Septic Tank: 1000 Gallons: STB 620 Date 5-28-01

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I ☒ II. IV. V. VI

System Description: Gravity Conventional

Repair System Description: ~~Pump System~~ EXPANDED

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

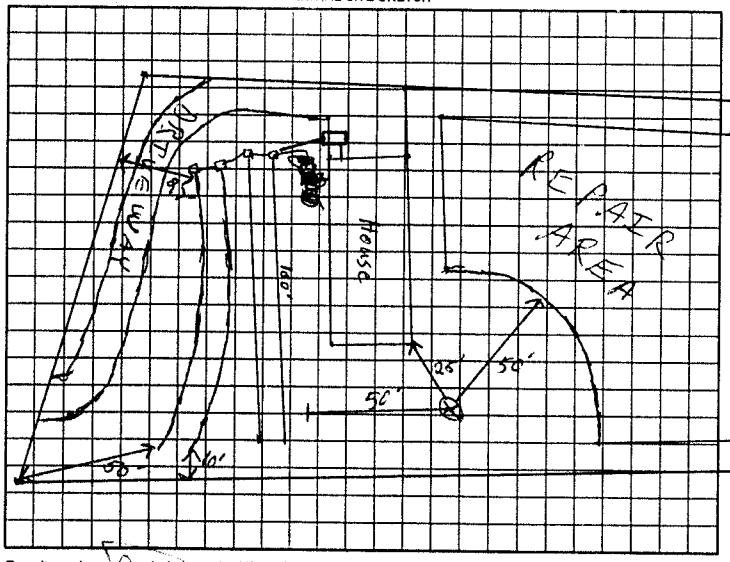
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

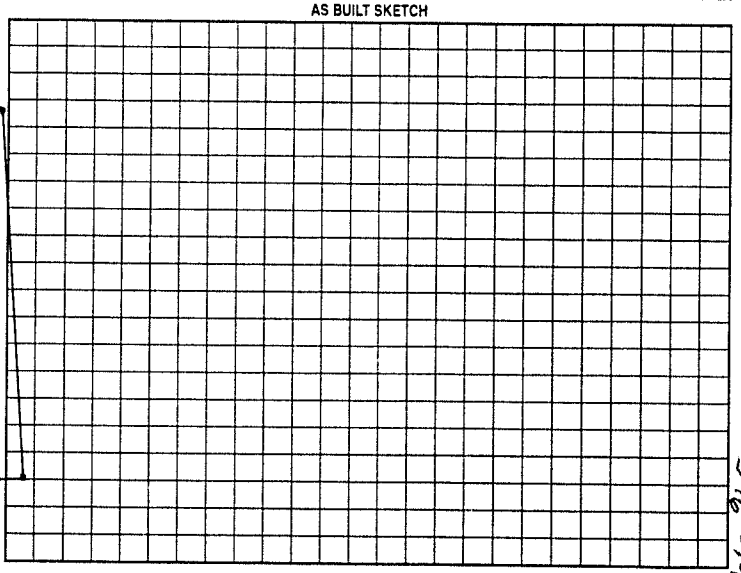
Comments/Conditions: WELL LOCATION moved & CHANGED REPAIR 29.01 cc

Comments/Conditions: LABEL FILTER & RISERS EXPOSED INSTALLED AS SHOWN

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: _____ date _____

Improvement Permit by: [signature] RSI date 11/21/00

Authorization to Construct by: [signature] RSI date 11/21/00

Installed by: SAMMY REAVES

Operation Permit by: [signature] RSI date 7-11-01

Existing System Inspection by: _____ date _____

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

2704-92C