IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127224 PIN# 4810-82-2306 DATE 4-23-05

OWNER OR CONTRACTOR DONALD C. WILLIAMS PHONE: Business (704) 881-1896 Home (704) 876-3990

ADDRESS 4286 WILKESBORO HWY STATESVILLE NC 28625-1282

LOCATION HWY 115 N JUST BEFORE HANNAH RD. ON RT.

SUBDIVISION A Burke BLOCK / SECTION _____ LOT 9 LOT AREA 0.676 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 EXISTING

Septic Tank: 1000 EX. Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 300 EX.
No Lines 3 Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth 12"

☐ New System ☐ Repair System Type: I (II) III. IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

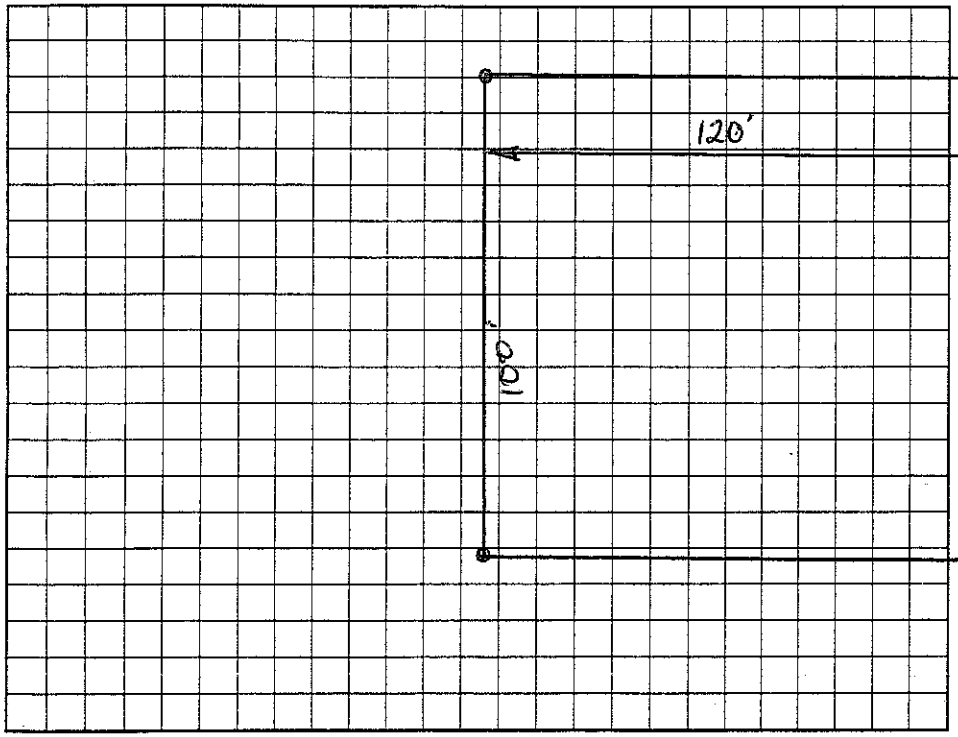
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

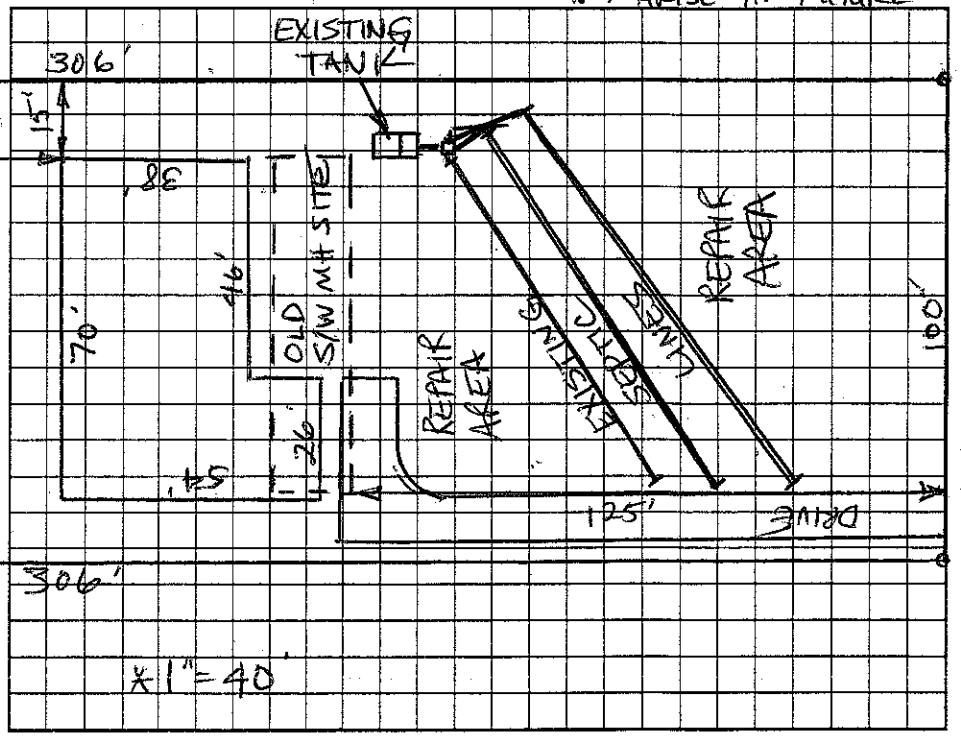
Comments:/Conditions:

Comments:/Conditions (1) EXISTING SYSTEM FUNCT. PROPERLY (2) PERMISSION TO CONNECT NEW STRUCTURE TO SYSTEM, REMOVING EXISTING MH (3) NEW STRUCTURE SHALL NOT INCREASE NUMBER OF BEDROOMS ON SYSTEM (4) VISUAL INSPECTION ONLY – NO GUARANTEE PROBLEMS WILL NOT ARISE IN FUTURE

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: [signature] date 4-25-05 Installed by: JAMES HUDLER

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: [signature] LSS date 4-23-05

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