3:30 MD

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 219253

PIN # 4810-87-3242

APPLICANT: James "Frank" Williams APPLICANT ADDRESS: 2724 US Highway 421 W. Wilkesboro, NC 28697

SITE ADDRESS: 260 Mountain View Road Statesville, NC 28625 PHONE: 336-469-2483 ALT. PHONE:

SITE DIRECTIONS: Rt 115 N from Statesville → L on Mountain View Road → Lot on Right

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 13.141 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	11-1-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V Vt	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% reduction [serial distribution]			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	Same			
# Nitrification Fields	1		# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Max. Trench Bottom Depth	32" [Low side]	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

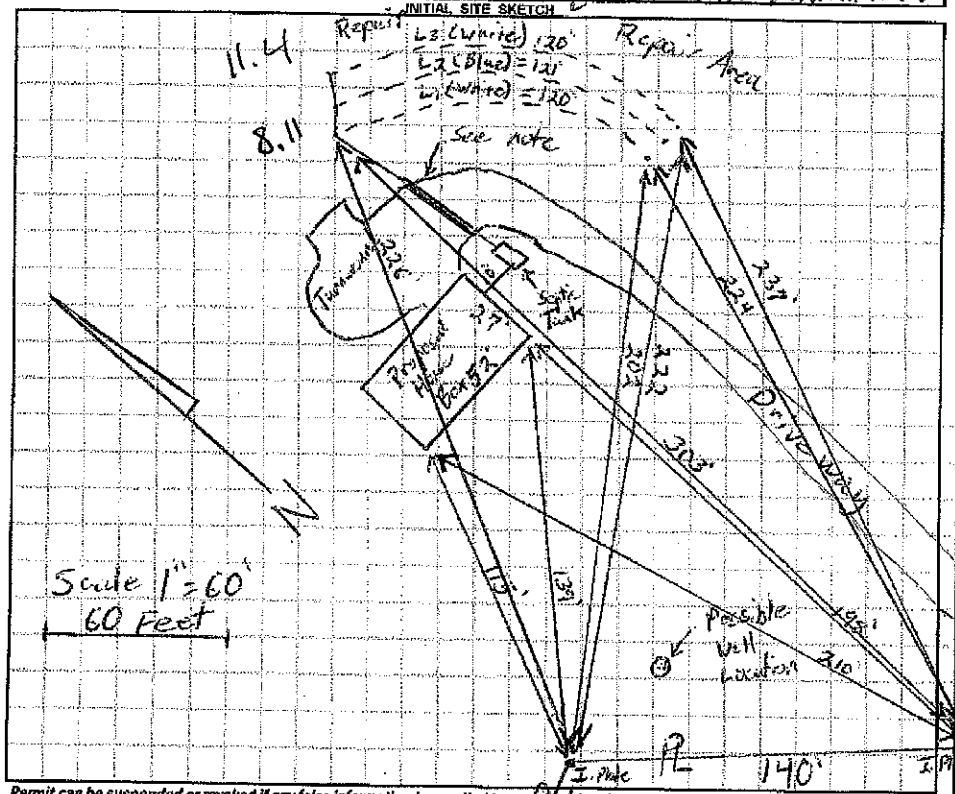
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

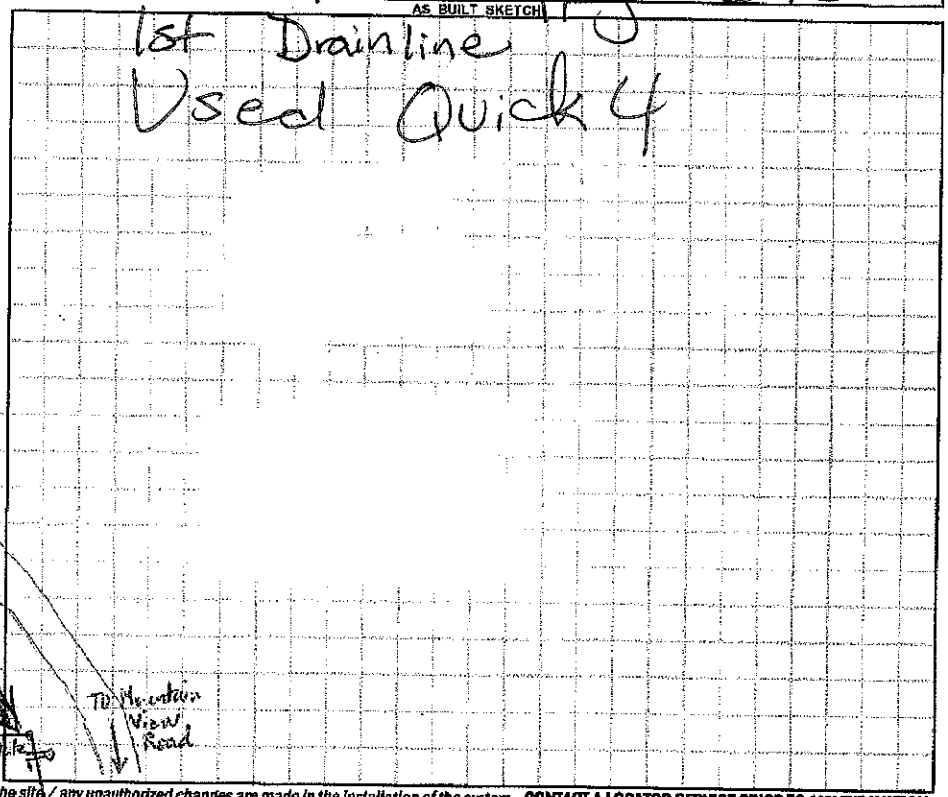
Comments / Conditions: Follow all N.C. septic rules. Though ~361ft of septic line was laid out only 300 lf is required to be installed. Convegance line beneath turnaround must be constructed of ductile iron (or equivalent) or minimum of 30" of compacted cover be used. Recommend pumping septic tank every 3-5 years.

75ft from Supply line to 1st Drainline Used Quick 4

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Frank Williams Date: 9-1-16

IMPROVEMENT PERMIT by: [signature] Date: 8-24-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-24-16

Installed by: Groundbreakers

OPERATION PERMIT by: Maria Dotson Date: 2/3/17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK