IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (C1) MOORESVILLE 704-664-5281

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

PERMIT# 128496 PIN# 4811566481 DATE 7/8/05

OWNER OR CONTRACTOR ERROL JOE & ANDR WILLIAMS PHONE: Business 828 465 4089 Home 704 592 7122

ADDRESS 487 BROOKHAVEN RD STATESVILLE, NC 28625

LOCATION 115 (N) (S) BROOKHAVEN RD (L) LOT

SUBDIVISION NA BLOCK / SECTION ____ LOT ____ LOT AREA 6.91 ACRES SITE CLASS. PS DESIGN FLOW 240 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-23-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200
No Lines 2 Trench Width 36" Max Trench Bottom Depth 20" Gravel Depth NA

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAV 25% REDUCTION
Repair System Description: ~~GRAV~~ 25% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

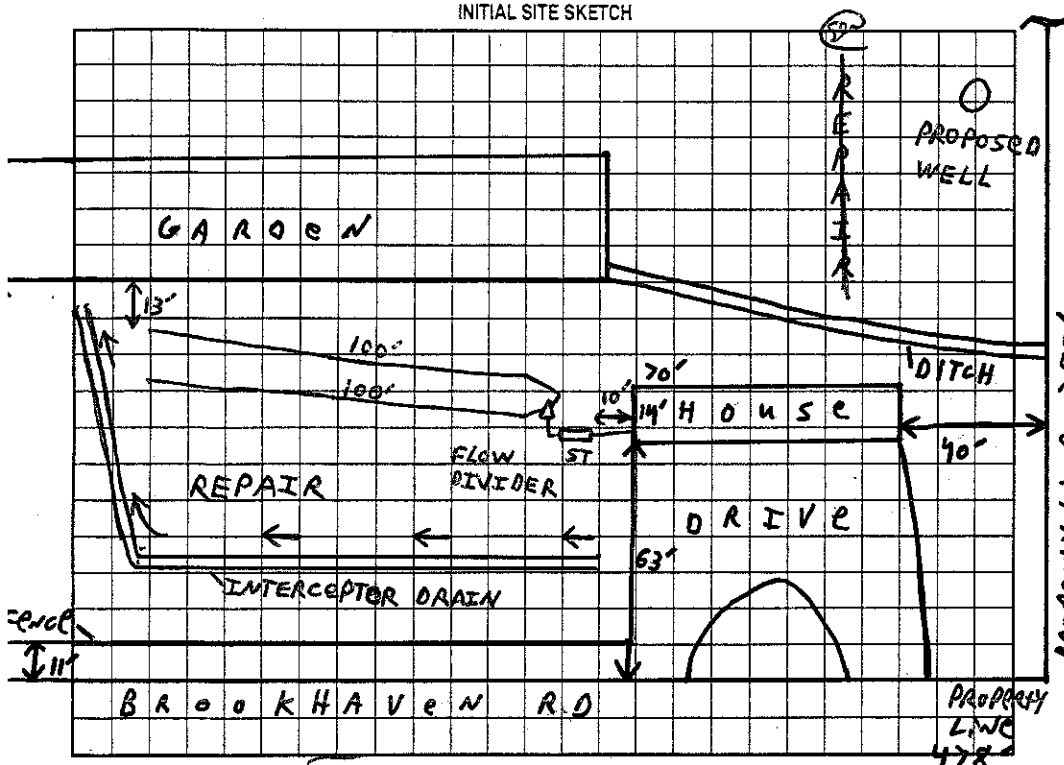
☐ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: INSTALL TRENCHES ON CONTOUR. INSTALL SUBSURFACE INTERCEPTOR DRAIN MIN. 48" DEEP WITH 1% MIN. FALL AS DRAWN.

Comments:/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "TUFTITE" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

NEEDS SUBSURFACE DRAIN

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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 ____ Installed by: WESLEY WILLIAMS

Improvement Permit by: [signature] date 7/8/05 Operation Permit by: STEVE HENDRICK date 5-26-06

Authorization to Construct by: STEVE HENDRICK date 11-14-05 Existing System Inspection by: ____ date ____

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