IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079509 PIN# 4821 00 3329 DATE 3-8-99

OWNER OR CONTRACTOR JOHN WILLIAMS PHONE: Business Home 876-4967

ADDRESS 220 CROSS COUNTRY ROAD, STATESVILLE NC 28625

LOCATION NC 115 N, TL CROSS COUNTRY ROAD, 0.4 MILE ON ~~LEFT~~ RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 67.79 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 1-8-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

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

No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

(✓) New System ( ) Repair System Type: I (II) III IV V VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: Yes No

(✓) House/Mod. Home No. Bedrooms 3

( ) Mobile Home No. Bathrooms 3

( ) Business No. Employees

( ) Other

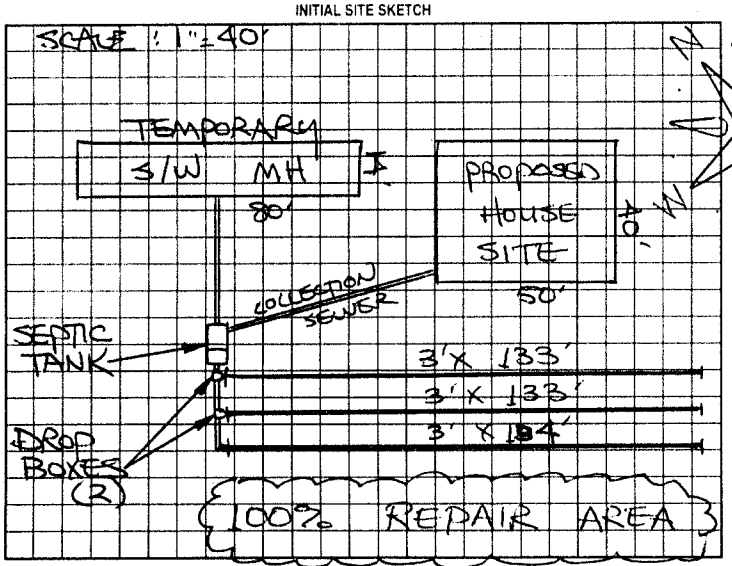
Basement w/plumbing Basement wo/plumbing Slab Crawl Space

Water Supply: (✓) Individual ( ) Public ( ) Community WELL

Comments/Conditions: ① KEEP SYSTEM MINIMUM 100 FEET FROM WELL ② S/W MH TO BE REMOVED UPON OCCUPANCY OF HOUSE

Comments/Conditions: SEPTIC TANK WITH RISERS INSTALLED W/ "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

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 3-8-99 Installed by: KENNY MADISON

Improvement Permit by: STEVE HEDRICK date 3-8-99 Operation Permit by: STEVE HEDRICK date 3-19-99

Authorization to Construct by: STEVE HEDRICK date 3-8-99 Existing System Inspection by: _____ date _____

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