IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 79841 PIN# 3783 870370

OWNER OR CONTRACTOR Michael Pope PHONE: Business 704 878 8968 Home DATE 3 31 99

ADDRESS Rte 4 Hudson Ln Statesville NC

LOCATION On Right Hudson Lane off Sharon Shiloh Road

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2+Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 821 Date 6/15/99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5x80 ft Trench Width 36" Max Trench Bottom Depth 36

☒ New System ☐ Repair System Type: I (II) III IV V VI
System Description: GRAVITY CONV.
Repair System Description: GRAVITY CONV.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

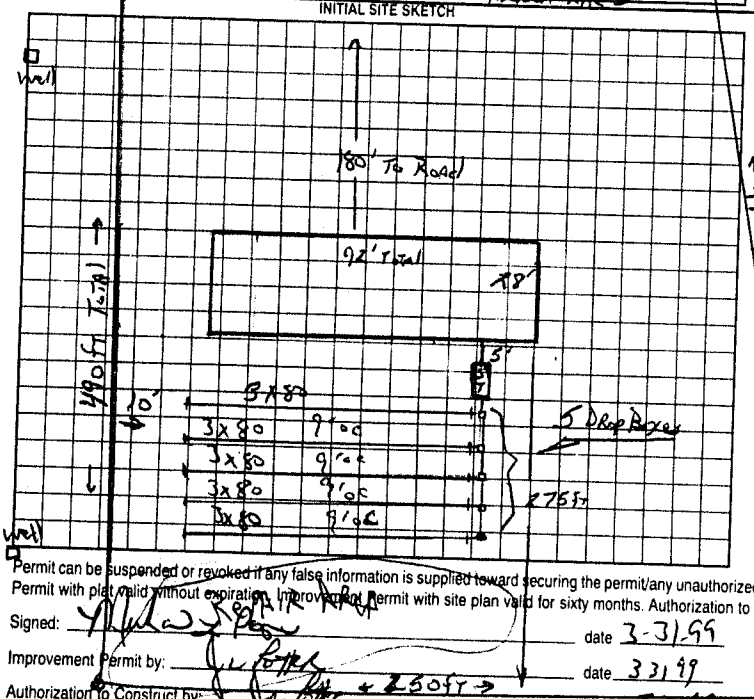
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

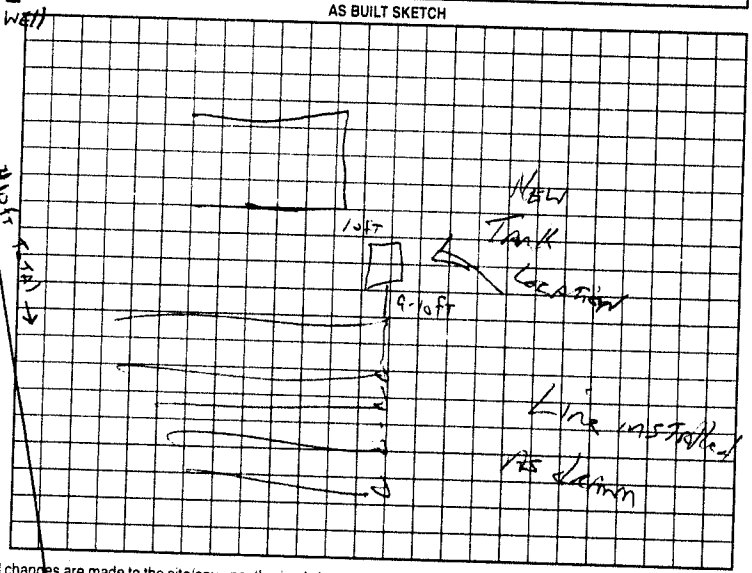
Comments/Conditions:
Do not disturb Septic or Repair Area by cutting or filling
Locate well 100ft from Septic lines & Hudson Lane

Comments/Conditions:

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: Michael Pope

Improvement Permit by: J. Potter date 3-31-99 Installed by: Huffman Linging

Authorization to Construct by: J. Potter date 3/31/99 Operation Permit by: J. Potter date 7-29-99

Existing System Inspection by: date

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