IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101161 20 PIN# 3784-12-8868 DATE 7/13/01

OWNER OR CONTRACTOR James W. Hines PHONE: Business ——— Home (704) 871-0233

ADDRESS 233 Goble Rd. Statesville N.C. 28625

LOCATION I-40 W, (R) on Sharon School Rd. 2.0 mi ST Sharon Grocery, (L) on Gun Club Rd, go to End on Right

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 2+ .78 Acres SITE CLASS. VS DESIGN FLOW 240 L.T.A.R. .35

Septic Tank: 1,000 Gallons: STB 1012 Date 4/16/01
Pump Tank: ____ Gallons: PT ____ Date ____
Pump Make: ____ Model ____ Serial No ____
Nitrification Field: No Fields 1 Square Feet 685 Linear Feet 228
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I (II) III. IV. V. VI
System Description: Gravity, Conventional
Repair System Description: Pump, Conventional
Maintenance Agreement Required: [ ] Yes [X] No

[ ] House/Mod. Home No. Bedrooms 3
[X] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

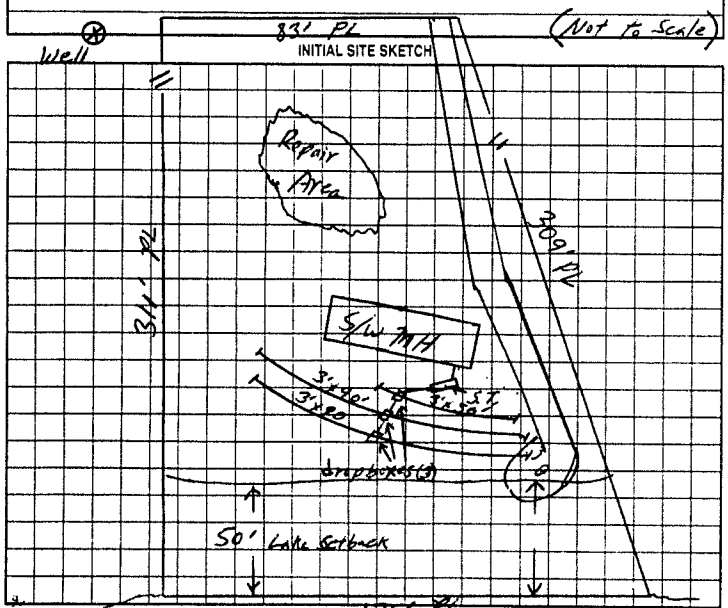
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

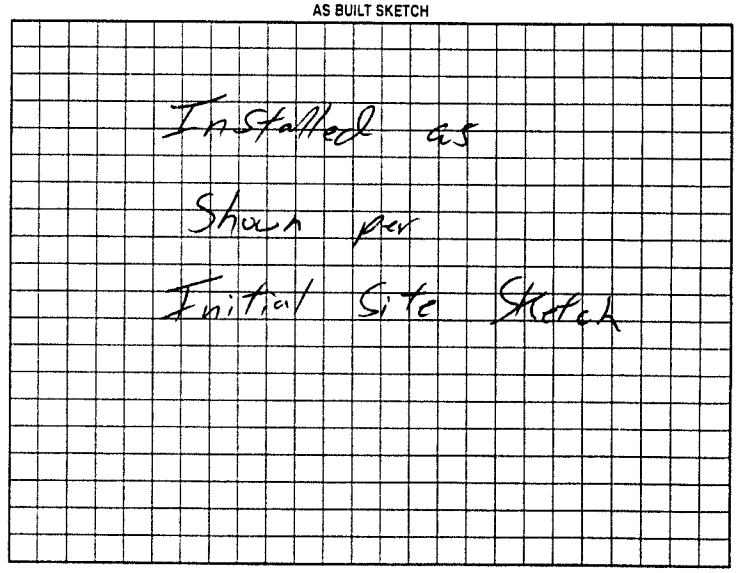
Comments/Conditions: (1) Install lines on contour (2) maintain required setbacks

Comments/Conditions: - Poly lok filter Installed
- Septic Tank Marker Installed
- Trench bottom depth >36" due to some Fill lines installed in natural soil

INITIAL SITE SKETCH (Not to Scale)



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] 7-13-01 date ____ Installed by: Tommy Cothren

Improvement Permit by: William O. Johnson date 7/13/01 Operation Permit by: William O. Johnson date 8/17/01

Authorization to Construct by: William O. Johnson date 7/13/01 Existing System Inspection by: ____ date ____

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