Voids Previous Permit

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 87816 PIN# 3785793612 DATE MARCH 31 2000

OWNER OR CONTRACTOR Elmer Holden PHONE: Business _____ Home _____

ADDRESS Po Box 175 Hiddenite NC

LOCATION Old MT Rd Nth @ County Line @ London Crest 4th Lot on Left Lot 106/8 House on Left

SUBDIVISION Victoria Landmark BLOCK / SECTION _____ LOT D # 11 LOT AREA .77 plus SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons: STB/Monroe 901 Date 12 2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 120 Linear Feet 40
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

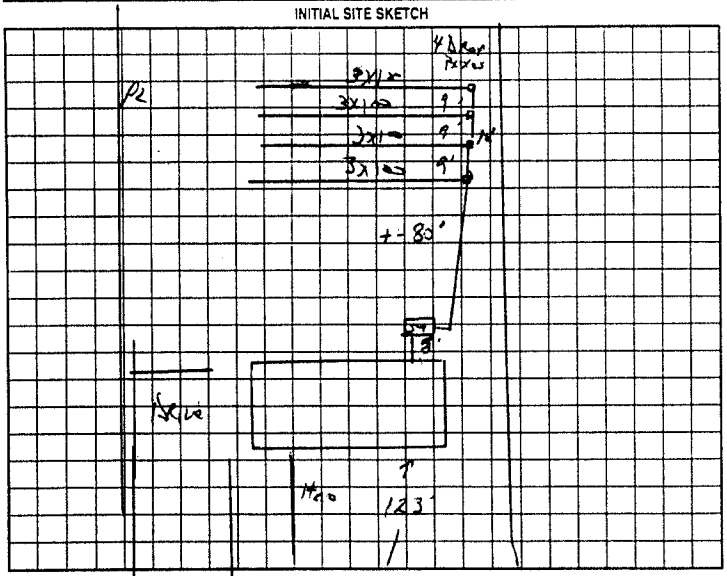
☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

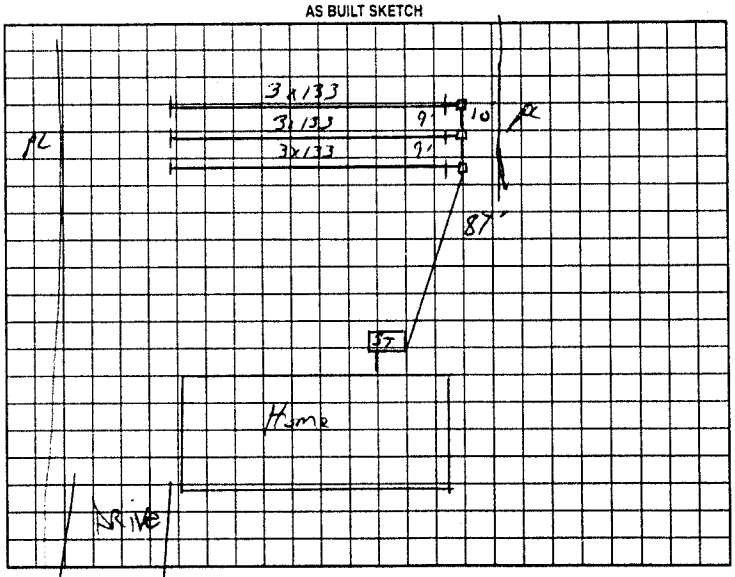
Comments:/Conditions: INSTALL on Contour

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: Mabel J. Hartley date March 31 2000 Installed by: Buck Smith

Improvement Permit by: J. C Potter date March 31 2000 Operation Permit by: J. C Potter date Mar 31 2000

Authorization to Construct by: J. C Potter date March 31 2000 Existing System Inspection by: _____ date _____

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