IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101352 PIN# 3794-05-6674 DATE 8/15/01

OWNER OR CONTRACTOR Kevin Hall PHONE: Business (704) 786-9052 Home (704) 795-8831

ADDRESS 1615 Old Charlotte Rd Concord N.C 28027

LOCATION I-40 W, (R) old Mtn Rd, (L) New Stamey Rd, (L) Cotton Gin Rd, on Rt at Pines (2nd Access)

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA ~20.6 Ac SITE CLASS 5 DESIGN FLOW 480 L.T.A.R. .35

Septic Tank: 4000 Gallons; STB 794 Date 10-6-01
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1372 Linear Feet 460'
No Lines 4@115' Trench Width 36" Max Trench Bottom Depth (30") Gravel Depth 12"

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

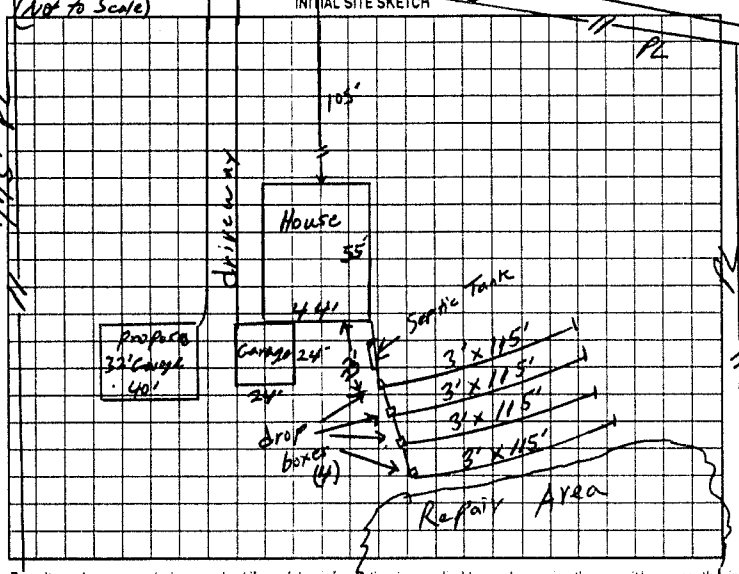
X House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees ____
☐ Other ____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community

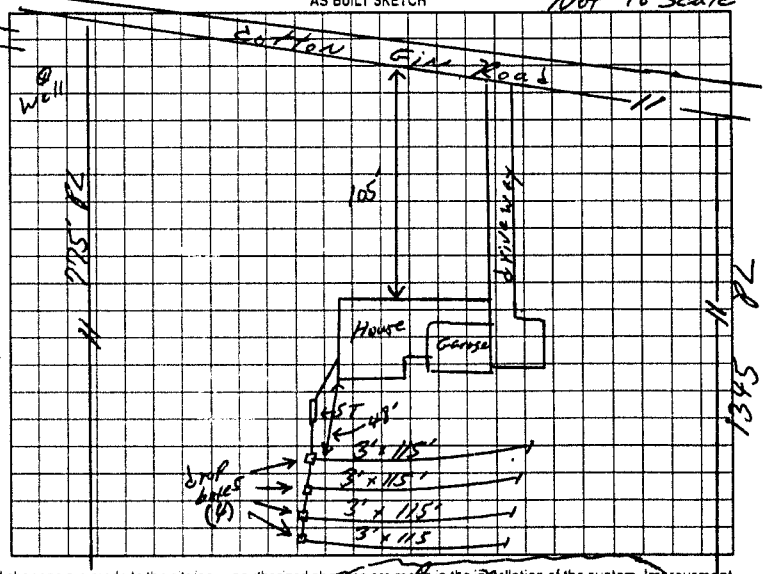
Comments/Conditions: (1) Keep well 100ft from Septic System (2) Install lines on contour (3) Call Health Dept for layout of system after clearing if needed.

Comments/Conditions: - Zabel Silter Installer, S.T. marker Installed.

(Not to Scale) INITIAL SITE SKETCH



AS BUILT SKETCH Not to Scale



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] date ____ Installed by: Marty Tucker

Improvement Permit by: William O. Johnson date 8/15/01 Operation Permit by: William O. Johnson date 7-25-02

Authorization to Construct by: William O. Johnson date 8/15/01 Existing System Inspection by: ____ date ____

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