IREDELL COUNTY HEALTH DEPARTMENT

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

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

*PERMIT# 089934 PIN# 4705050441 PT DATE 7-10-2000

OWNER OR CONTRACTOR Earlie Hager PHONE: Business 876-3154 Home

ADDRESS 524 Cove Gap Rd. Statesville, NC 28625

LOCATION Hwy 64 TL Lippard Farm TR Massey Deal TL Waugh Farm at End

SUBDIVISION Ben's Estates BLOCK / SECTION LOT 3 LOT AREA .46 Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 6-5-00

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 810' Linear Feet 270'

No Lines 3 at 90' 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-Innovative

Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home X Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees

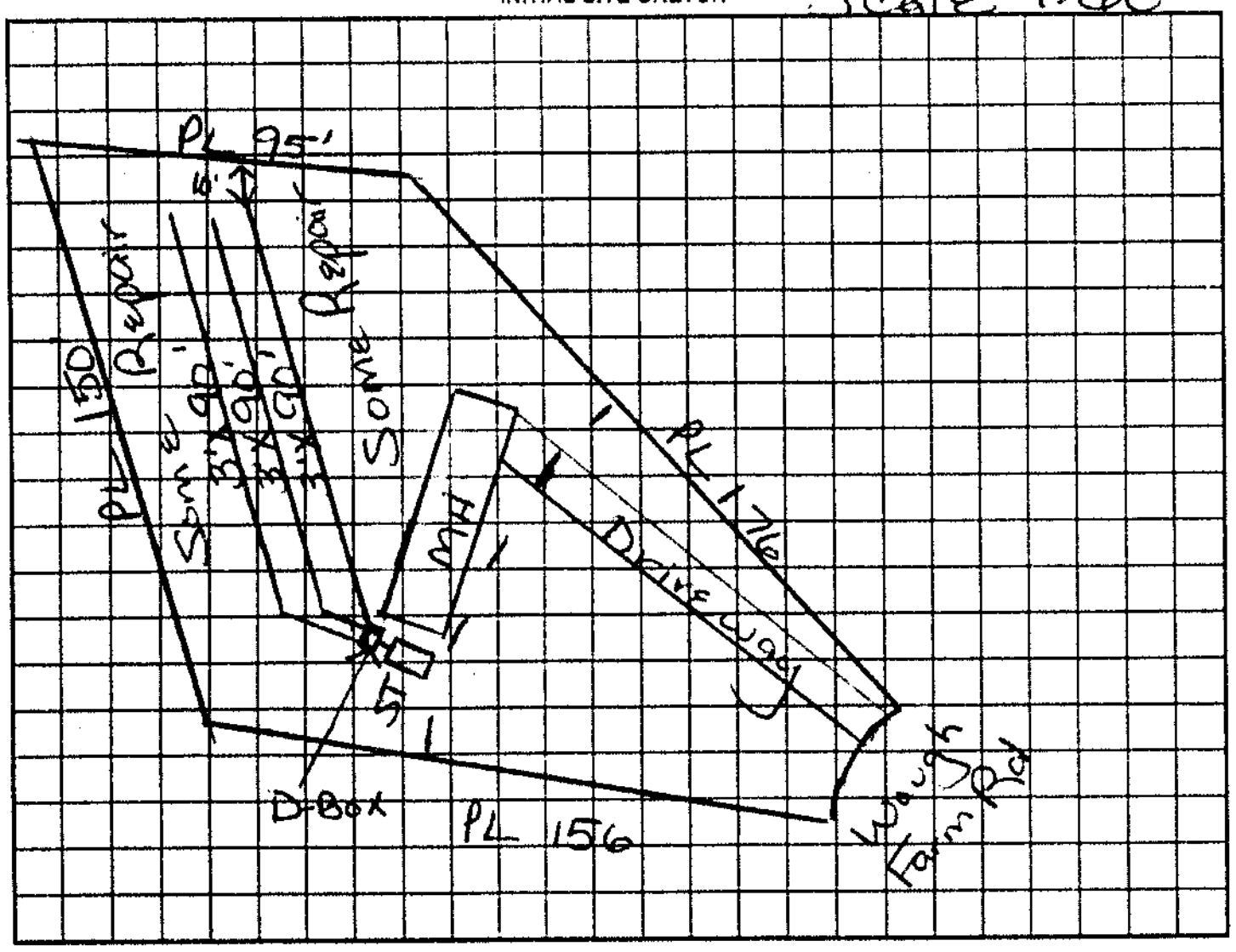
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual Shared Lot #6 ☐ Public ☐ Community

Comments:/Conditions: Keep Septic System at least 10' From PL & 5' From house.
* Water Source = Well on Lot #6

Comments:/Conditions:

INITIAL SITE SKETCH Scale 1:60



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: Earl W Hager date 2-11-2000 Installed by: Earlie Hager

Improvement Permit by: Maria H. Dotson R.S. date 7/ Operation Permit by: [signature] RS date 7-18-00

Authorization to Construct by: Maria H. Dotson R.S. date Existing System Inspection by: date

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