IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 84181 PIN# 3796236142 DATE Oct 2999

OWNER OR CONTRACTOR Joel P. Hendren PHONE: Business _____ Home 828632 7857

ADDRESS 826 Sharpe Mill Rd Hiddenite NC

LOCATION N. Old Mt Rd (R) Lindsey Farm 3/8 mile on Left off Road

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 Ac SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 2.2605
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25%
Repair System Description: Pump
Maintenance Agreement Required: ☐ Yes ☒ No

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

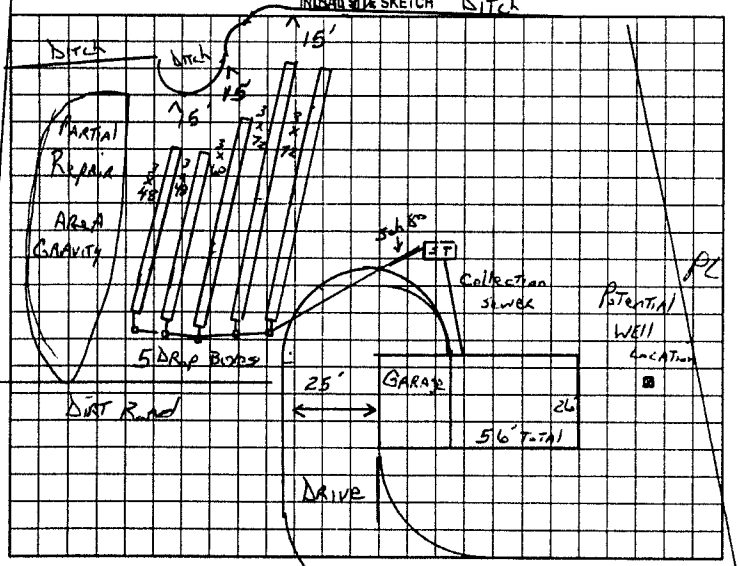
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community Well

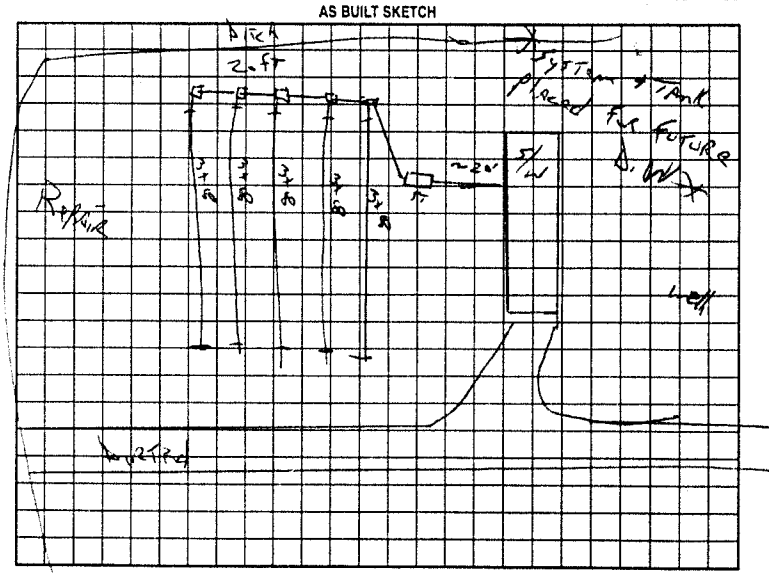
Comments/Conditions: Install on contour Use Sch 80 pipe if located 50 Chambers or similar or 30 HDS sections Under stay 15 ft from edge of drainage ditch Locate Keep well 100 ft or maximum feasible distance

Comments/Conditions: drive, Locate Septic Tank to insure gravity plumbing from basement

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: Joel P Hendren date 10-29-99 Installed by: Tommy Cothern

Improvement Permit by: JC Potter date Oct 29 99 Operation Permit by: JC Potter date June 19 2000

Authorization to Construct by: JC Potter date Oct 29 99 Existing System Inspection by: _____ date _____

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