IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 132669 PIN# 4626 09 1351 DATE 1-11-08

OWNER OR APPLICANT Hoke Co Inc PHONE: Business 704 799-7495 Cell Home 704 201-0264

ADDRESS P.O. Box 4448 Mooresville, NC 28117

LOCATION Brawley School Rd TR McKendree TR 1st Lakeview Shores TL Abbot TL Lakeview Shores on Rt.

SUBDIVISION CL&T BLOCK / SECTION 8 LOT 248 LOT AREA 1.06 Acre SITE CLASS. PS DESIGN FLOW 600gpd T.A.R. .3

Septic Tank: 1500 Gallons; STB 338 Date 12-28-07

Pump Tank: 1500 Gallons; PT 477 Date 10-30-07

Pump Make: Myers Model ME50 Serial No.

Nitrification Field: No fields 1 Square Feet 670 Linear Feet 335

No Lines 5 Trench Width Min. 24" Max Trench Bottom Depth 36" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II III (IV) V VI

System Description: Pump-LP-Panel Block

Repair System Description: Same

Maintenance Agreement Required: [X] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other

No. Bedrooms 5 No. Persons ___ No. Employees ___

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

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

Comments:/Conditions:

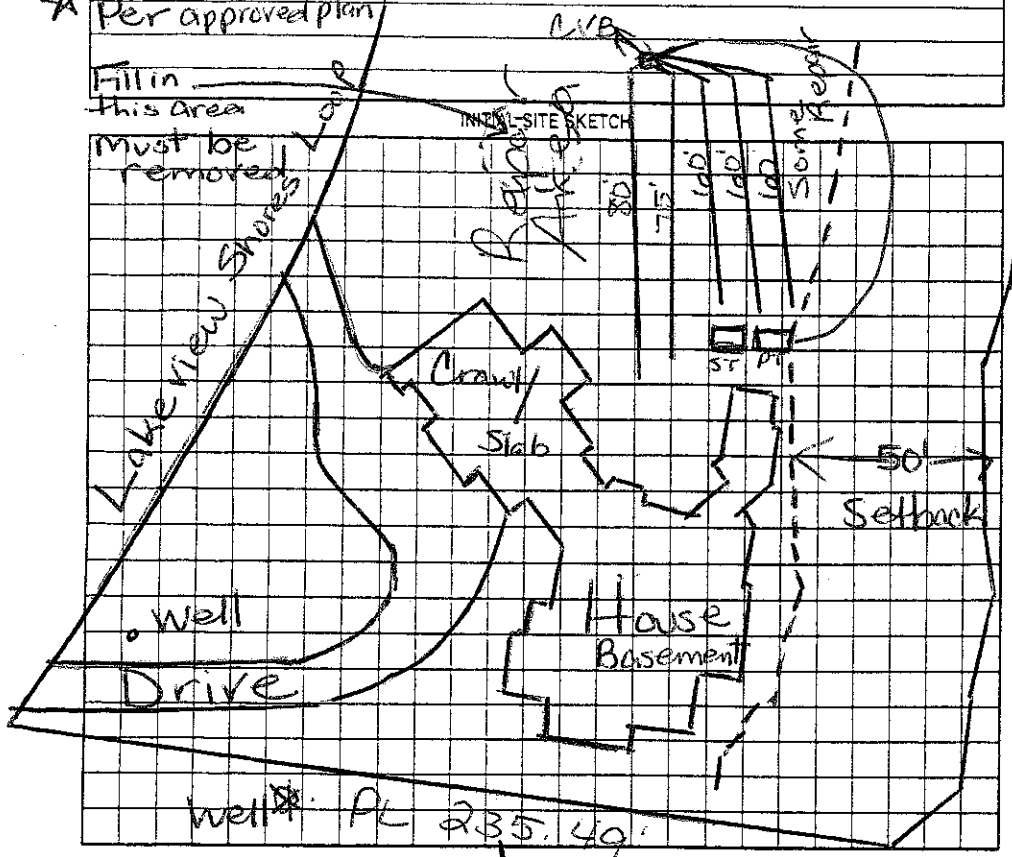
* Per approved plan

Fill in this area

DL 284.104

Must be removed

INITIAL SITE SKETCH



Comments:/Conditions:

* See attached Plan by Michael Athanas & Assoc. For specs.

~~*~~ Use In line Filter in PT

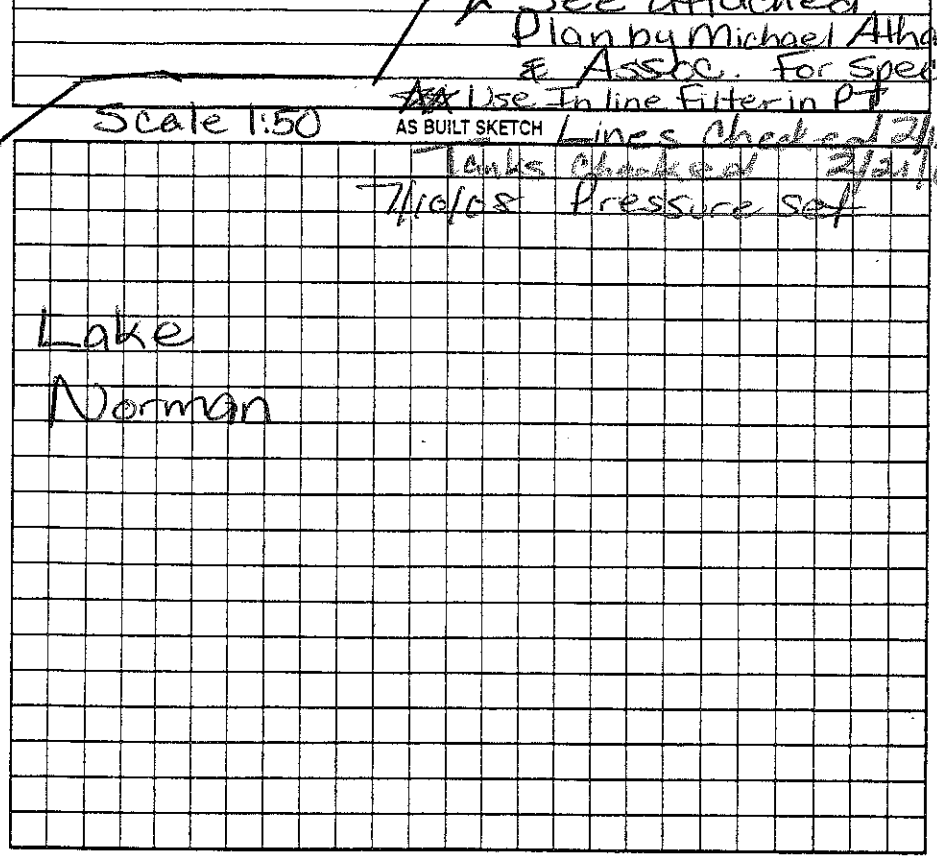
Scale 1:50

AS BUILT SKETCH

Lines checked 2/12/08

Tanks checked 2/12/08

7/16/08 Pressure set



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 2-12-08

Improvement Permit by: Maria H. Colson RS date 1/11/08

Authorization to Construct by: Maria H. Colson RS date 1/22/08

Installed by: R & H date 7/16/08

Operation Permit by: Maria H. Colson RS date

Existing System Inspection by: ___ date ___

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