IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077629 PIN# 4626525132 DATE 11/14/98

OWNER OR CONTRACTOR Allen Armstrong PHONE: Business 825-2605 Home WK 399-8202

ADDRESS 3301 Hawthorne J Belmont, NC 28012

LOCATION Seagrove LN

SUBDIVISION Holiday Harbor BLOCK / SECTION 1 LOT 12 LOT AREA _____ SITE CLASS. E DESIGN FLOW Existing L.T.A.R. _____

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields _____ Square Feet Existing Linear Feet _____

No Lines _____ Trench Width Existing Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3/2

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

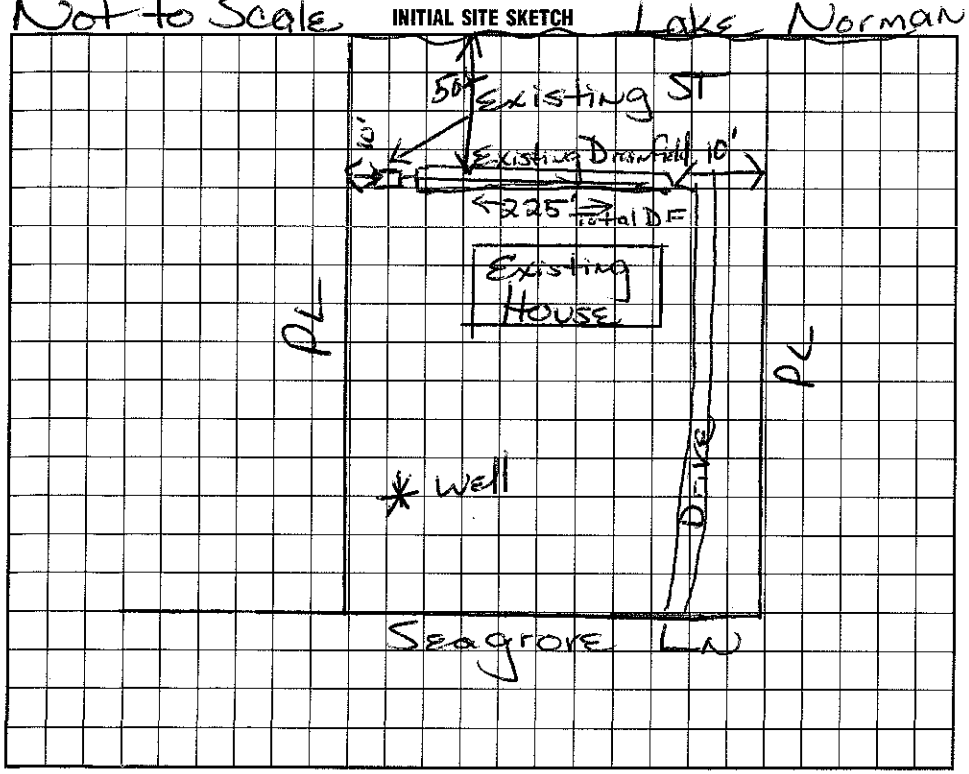
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: Existing Septic System looked Okay at time of inspection. No malfunctions Noticed. Replacing 3 Bedroom House with 3 Bedrooms. House in same location

Comments:/Conditions: Keep House at least 5' from Existing Septic System Originally permitted Nov. 1967 (Mr Swope)

Not to Scale

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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: X Allen R. Armstrong date _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: Maria H. Dotson date 11/14/98 Existing System Inspection by: Maria H. Dotson date 11/14/98

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