IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149748 PIN# 4629669128 DATE 4-15-08

OWNER OR APPLICANT Roger & Ann Hiatt PHONE: Business _____ Home 704 528 4984

ADDRESS 117 Coventry Hills Lane

LOCATION 117 Coventry Hills Ln; State Park Rd, (R) on Morrison, (R) on Abington, (L) on Coventry Hills; 2nd house on (L)

SUBDIVISION CLT BLOCK / SECTION 17 LOT 171 LOT AREA _____ SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Ex. Gallons: STB Ex Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex
No Lines Ex Trench Width Ex Max Trench Bottom Depth Ex

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No

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

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth _____ ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

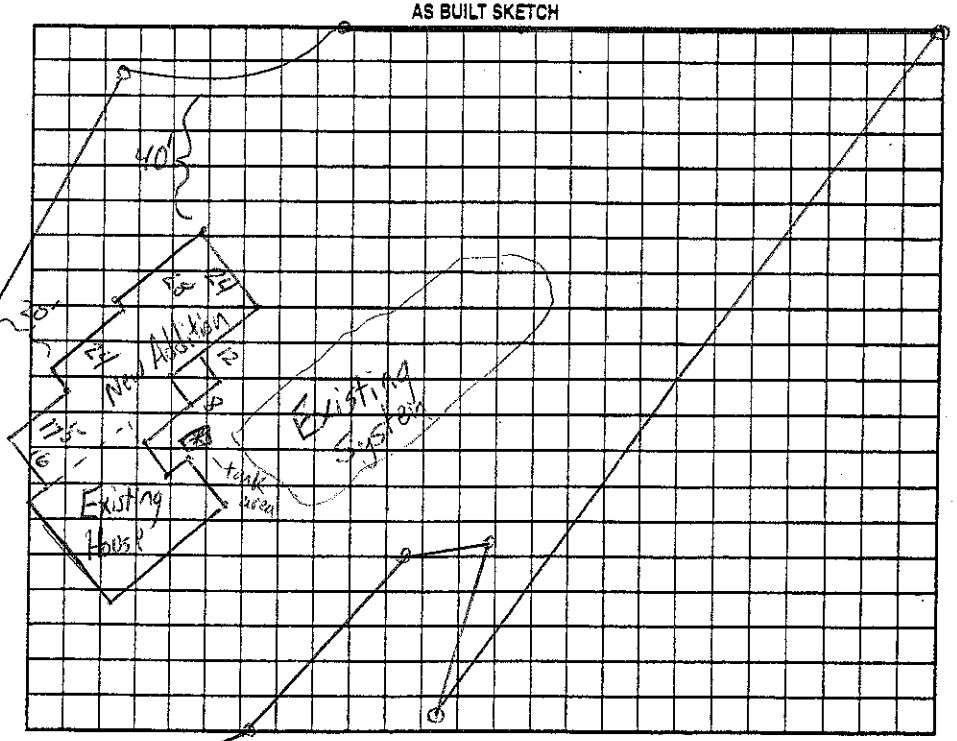
Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

Existing system will accomodate 2BR. New addition does not encroach on system nor does it increase # of Bedrooms. Maintain all zoning setback and requirements

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: Ann R Hiatt date 5/9/08 Installed by: _____

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

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date 4-15-08

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