IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126252 PIN# 4645 36 0551

OWNER OR APPLICANT Mark Young / Hoke Construct PHONE: Business 201-0264 Home Darryl DATE 2/24/07

ADDRESS 3686 Amity Hill Rd Statesville, NC 28677

LOCATION Williamson Rd TR Alcove, IL, Harwell TR Queens Cove Rd ~1/3 mile on right

SUBDIVISION Queens Cove BLOCK / SECTION 3 LOT 22 LOT AREA 1.90± SITE CLASS. PS DESIGN FLOW 600gpd L.T.A.R. 1.3

Septic Tank: 1500 Gallons; STB 338 Date 3-6-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1500' Linear Feet 500'

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

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

No. Bedrooms 5 No. Persons ____ No. Employees ____

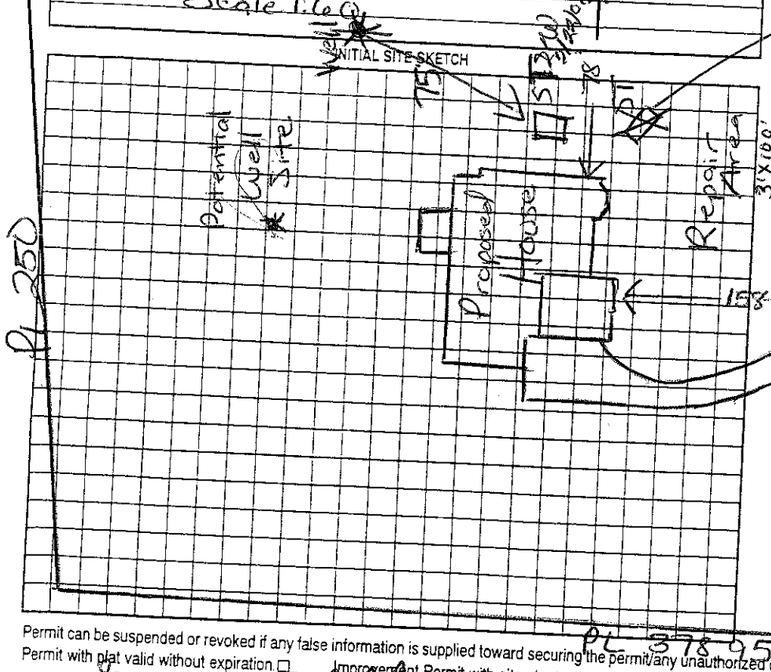
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Neathers Well PL 408.48

Scale 1:60

INITIAL SITE SKETCH



Comments/Conditions:

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: George Wolf date 2-26-07

Improvement Permit by: Maria H. Dolan RS date 2/24/07

Authorization to Construct by: Maria H. Dolan RS date 2/24/07

Installed by: ____

Operation Permit by: Maria H. Dolan RS date 5/22/07

Existing System Inspection by: ____ date ____

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