2:30

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 074659 PIN# ~~4649.46 7891 (pt)~~ 4689760213 DATE 8/4/98

OWNER OR CONTRACTOR Piedmont Housing-Wm Hefner PHONE: Business 528-7120 Home

ADDRESS 1040 Charlotte Hwy. Iredell NC. 28166

LOCATION 115-21 N TL Flowers Home Rd. TL Rankin Hill, next to last lot on (R)

SUBDIVISION Westwind BLOCK / SECTION 1 LOT 2 LOT AREA .57 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6-24-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth #2 11

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: DROP BOX - CONVENTIONAL
Repair System Description: CH PLASTIC
Maintenance Agreement Required: ☐ Yes ☒ No

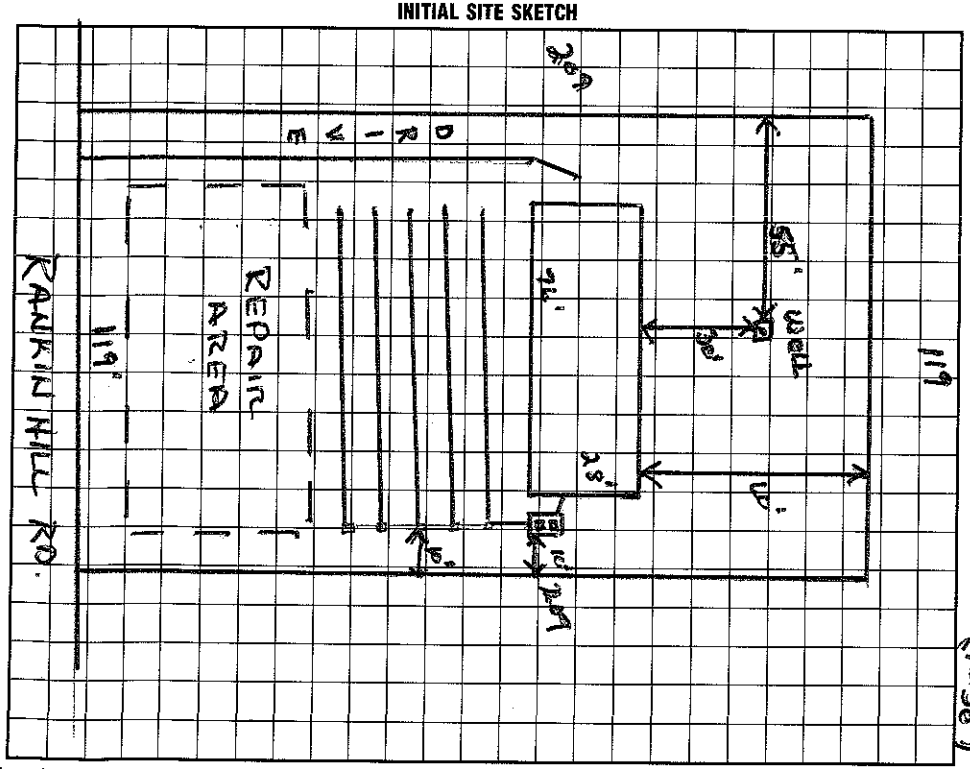
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments:/Conditions:

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: ____ date ____

Improvement Permit by: Wesley Sparks R.S. date 8/4/98

Authorization to Construct by: Wesley Sparks R.S. date 8/4/98

Installed by: A1 BACKHOE

Operation Permit by: C. [illegible] date 9/25/98

Existing System Inspection by: ____ date ____

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