IREDELL COUNTY HEALTH DEPARTMENT

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

4649773763 4:00

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

PERMIT# 075825 PIN# ~~4649667891~~ DATE 1/5/99

OWNER OR CONTRACTOR PIEDMENT HOUSING PHONE: Business 489-1128 Home

ADDRESS 4879 N HWY 16 DENVER NC 28037

LOCATION 21/115 N - TL 1ST FLOWER HOUSE - TL LANKEN HILL 4TH LOT ON LT IN SUBDIVISION

SUBDIVISION WESTWIND BLOCK / SECTION 1 LOT 23 LOT AREA .9 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-23-98
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY CHAMBERS OR HOS
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

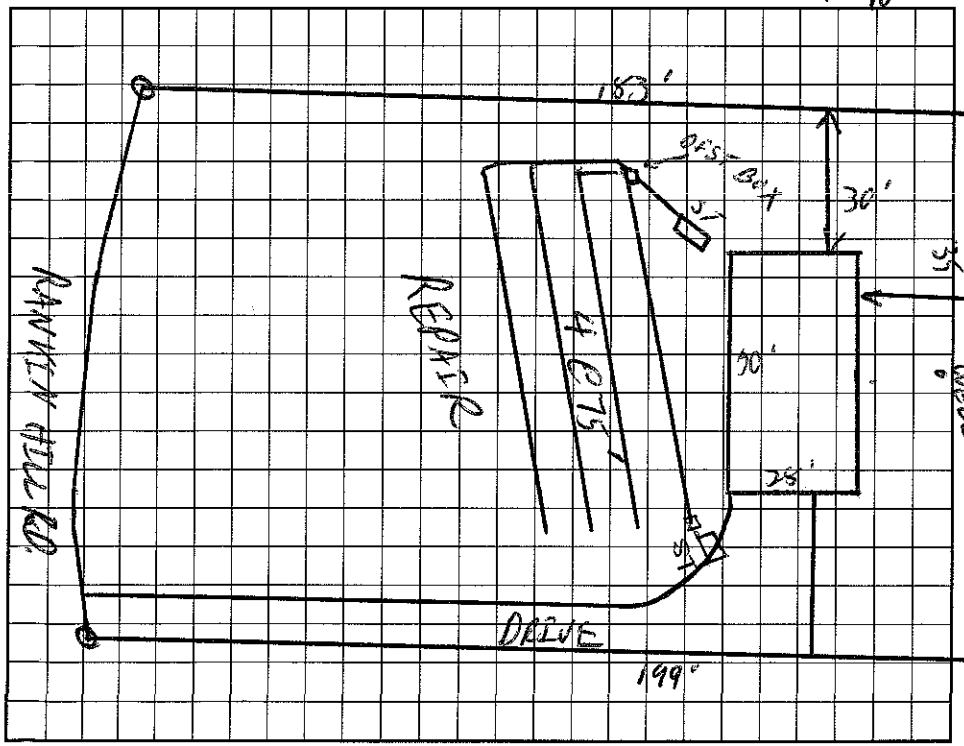
☐ House/Mod. Home No. Bedrooms 3
☑ Mobile Home No. Bathrooms 3
☐ Business No. Employees
☐ Other
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: Tank had filter installed risers on each End. Poly loc filter.

Comments:/Conditions: Well Not installed at time of Inspection

INITIAL SITE SKETCH 1"=40'



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: David Myers date

Improvement Permit by: C. Yount RS date 1/8/99

Authorization to Construct by: C. Yount RS date 1/8/99

Installed by: A-1 Backhoe

Operation Permit by: Maria H. Robertson RS date 1/13/99

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