IREDELL COUNTY HEALTH DEPARTMENT

ST[illegible]LLE 704-878-5305 50.00 Pg 9 MOORESVILLE 704-664-5281

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

PERMIT# 095615 / 27405 PIN# 4655-16-~~4479~~ DATE 3/7/05

OWNER OR CONTRACTOR Gerald Weeks 1308 PHONE: Business _____ Home _____

ADDRESS 129 Hobbs Ln ~~[illegible]~~ Mt Mourne NC 28123

LOCATION 115 S, TL Hobbs Ln, on Lt.

SUBDIVISION Hobb Est BLOCK / SECTION _____ LOT 5 LOT AREA 1.74Ac SITE CLASS. AS DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 312 Date 1-7-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~[illegible]~~ 900 Linear Feet ~~400~~ 300

No Lines ~~5~~ 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity ~~Conventional~~ 25% Red

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

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

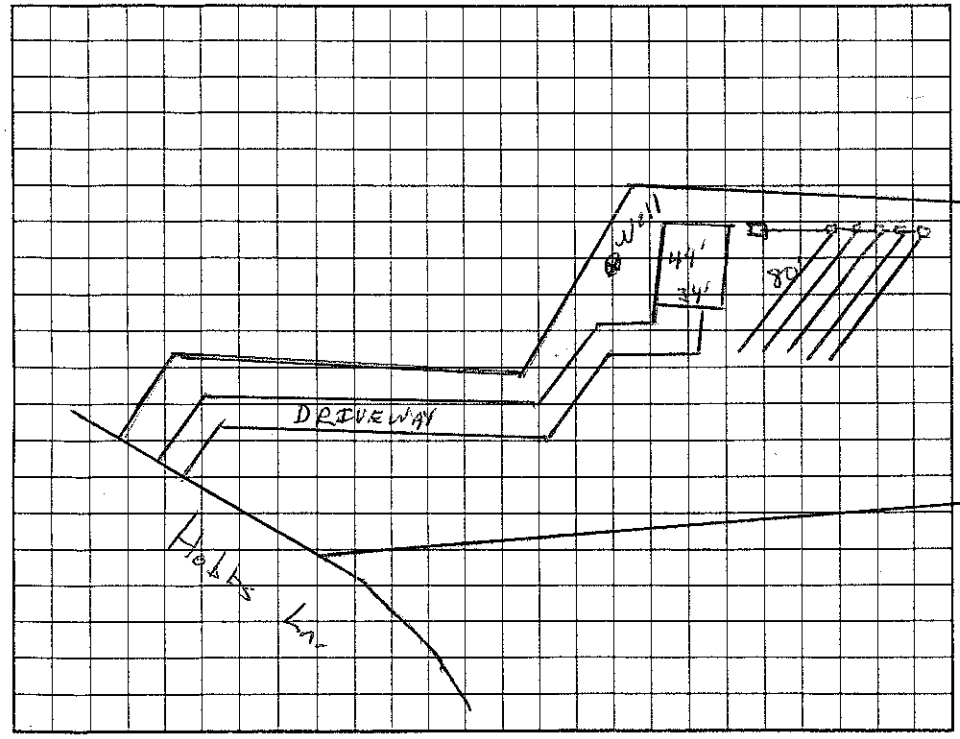
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

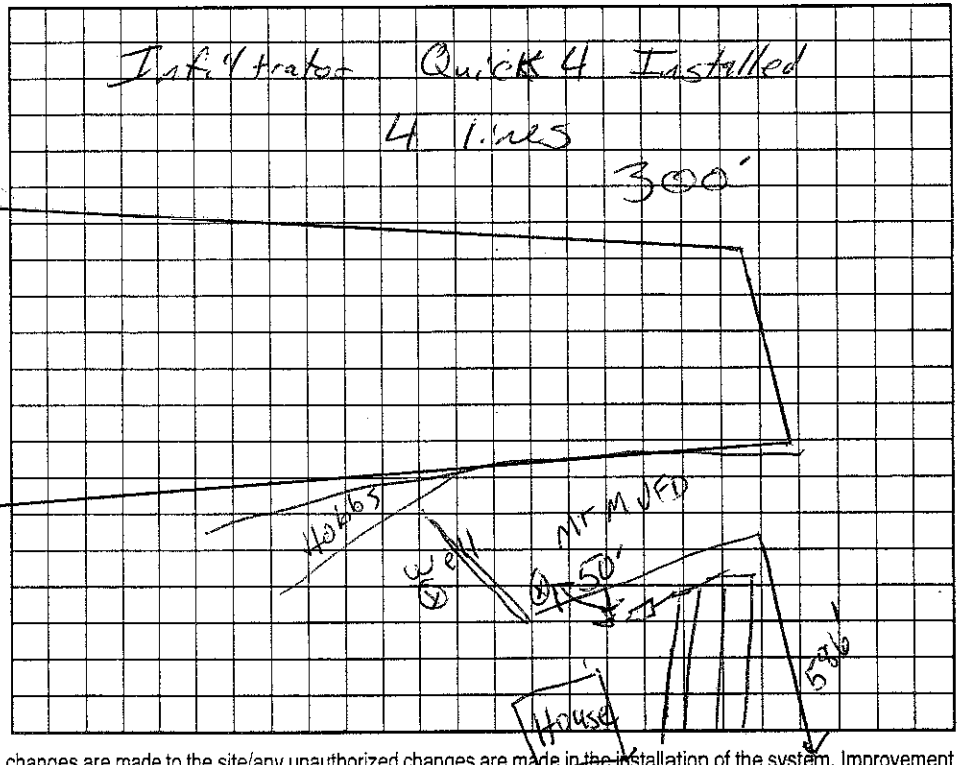
1" = 100'

Comments:/Conditions:

INITIAL SITE SKETCH



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: _____ date 3/9/05 Installed by: Dellinger Grading

Improvement Permit by: _____ RS date 3/7/05 Operation Permit by: _____ RS date 11/9/06

Authorization to Construct by: _____ RS date 3/7/05 Existing System Inspection by: _____ date _____

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