2:30-2:45

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 083310 PIN# 4659141486

OWNER OR CONTRACTOR Thelma Hall PHONE: Business 1-860 469-8262 ext 4542 DATE 9/15/99

ADDRESS 1802 Younger Ave Statesville, NC 28677 Home 872-0474

LOCATION Hwy 115 N Tl Parkertown Near end on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT 1406 LOT AREA 1.04 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 9-20-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 18"-24" Gravel Depth 12"

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

System Description: Gravity - Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms ____

☒ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other ____

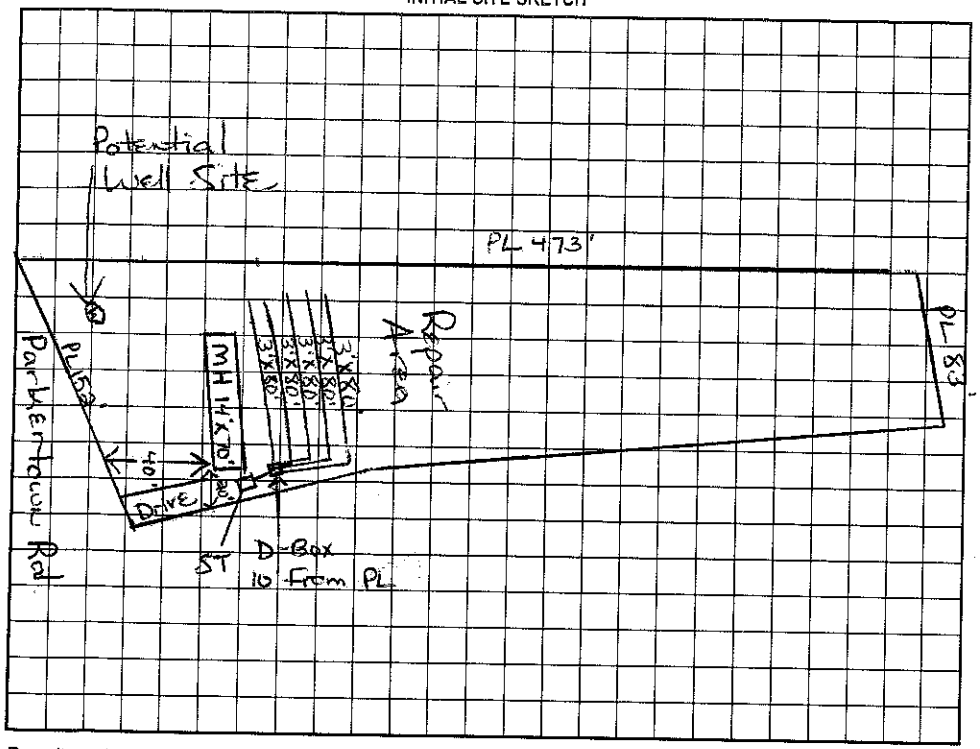
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Keep Septic Tank & Drainlines at least 10' From PL & 5' From House & 50' From Well.

Comments:/Conditions: After installation Tank Tanks & Lines 1 & 2 checked 9/22/99 mH Everything else checked 9/23/99 mH Tight area next to fence, trenches 75' long instead of 80'

INITIAL SITE SKETCH



AS BUILT SKETCH

Well NOT installed at time of Septic Installation Final.

MH not set up either.

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: Thelma G. Hall date 9/15/99

Improvement Permit by: Maint H H Dotson R.S. date 9/15/99

Authorization to Construct by: Maint H H Dotson R.S. date 9/15/99

Installed by: B. Seamon Construction

Operation Permit by: Maint H H Dotson R.S. date 9/23/99

Existing System Inspection by: _____ date _____

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