IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # N/A - Repair PIN # 4678-00-2408 DATE 10-23-09

OWNER or APPLICANT Donald Hohensten PHONE: Business 704 639-5969 Home: 7046628551

OWNER or APPLICANT ADDRESS 1031 Oak Ridge Farm Hwy Mooresville, NC

LOCATION / DIRECTIONS Hwy 150 E past Hwy 801 on left #1031 (Story brick w/Bluetrim)

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA _____ DESIGN FLOW 480gpd L.T.A.R. _____

Septic Tank 1000 Gallons: STB 794 Date 8-7-09

Pump Tank _____ Gallons: PT _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields____ No Lines____ Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: Gravity - Conventional

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☐ Crawl Space

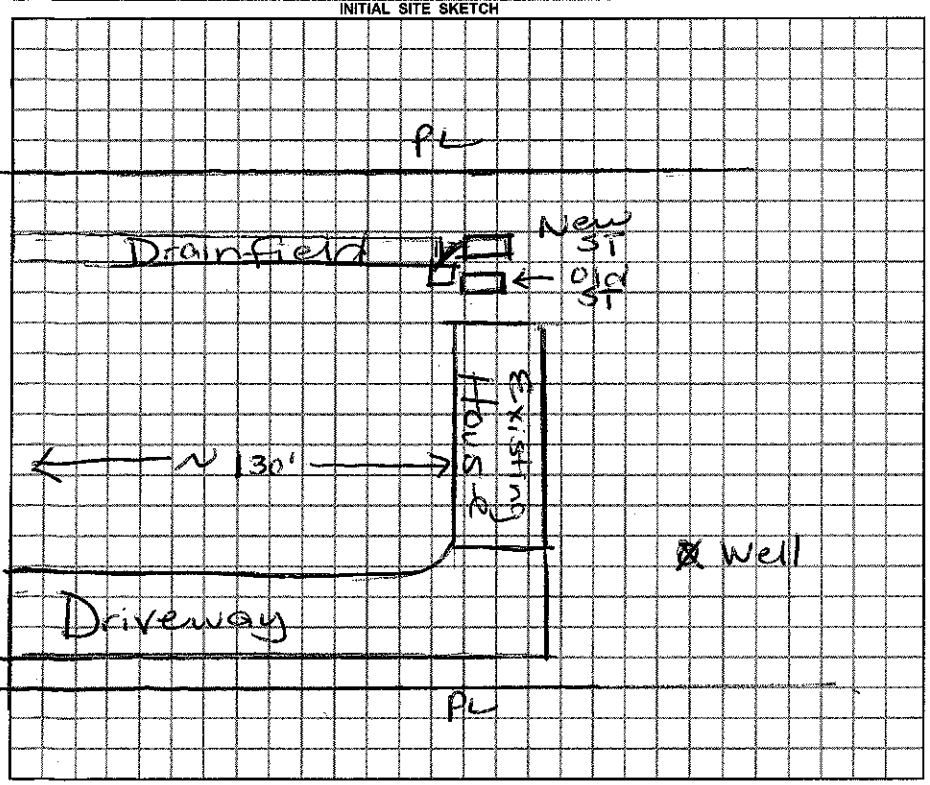
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Replacing Septic tank only & installed new Dist. box

Comments / Conditions: New ST ~20ft from House

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 w / plat valid without expiration* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 10/23/09 Installed by: Tim Ammons

Improvement Permit by: Maria H. Dolan RS Date 10/23/09 Operation Permit by: Maria H. Dolan RS Date: 10/23/09

Authorzation to Construct by: Maria H. Dolan RS Date 10/23/09 Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant