IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 82971 PIN# 4702792023 DATE Aug 11, 99

OWNER OR CONTRACTOR Pamela ~~Hilderbran~~ Hilderbran PHONE: Business _____ Home _____

ADDRESS 121 Lamb Rd Statesville NC

LOCATION I-40 N ② Old Mt Rd ® Elmwood Farm Rd ① Lambert ② 1st Drive Home located at end of drive

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.32 Ac. SITE CLASS _____ DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet _____
No Lines 4@100 Ft Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: _____
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☒ No
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home ☐ SW No. Bathrooms _____
☐ Business No. Employees _____
☐ Other _____

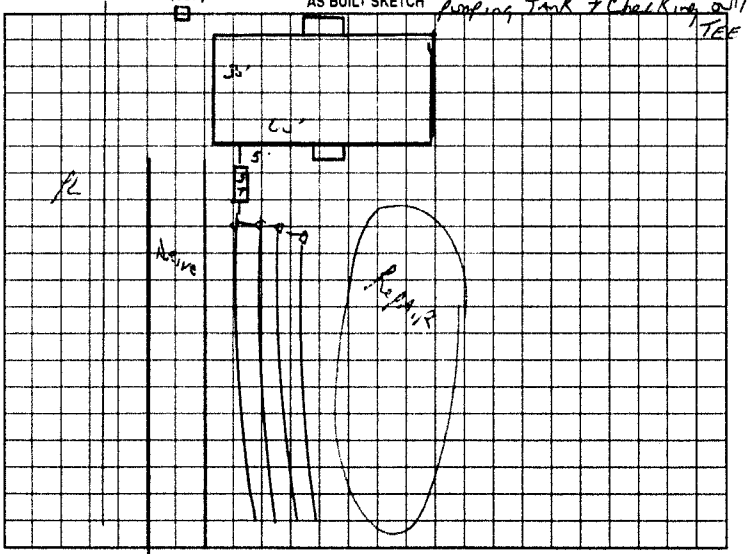
Water Supply:
☒ Individual
☐ Public
☐ Community
well

Comments/Conditions:

Comments/Conditions NEW home foundation must be A Min 5 Ft from Septic Tank ② Caution should be used when moving old home out + New home in So as not to Crush or Damage Septic system ③ If Septic System is over 5 yrs old this not been pumped Recommend pumping Tank + Checking outlet TEE

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 _____ Installed by: _____

Improvement Permit by: _____ date _____ Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: J.C. Potter date 8-11-99

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