IREDELL COUNTY HEALTH DEPARTMENT

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

Voids Previous Permits

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

PERMIT# 83027 PIN# 4702895559 Pt DATE April 25 2000

OWNER OR CONTRACTOR Claudette Ballard PHONE: Business _____ Home 878 6772

ADDRESS 2032 Hazelwood Dr Statesville NC

LOCATION Old MT Rd (L) Ellis Perry (L) Pinedell Ac Near drive on RIGHT Lot 15 on left

SUBDIVISION Jefferson Landing BLOCK / SECTION _____ LOT 1 LOT AREA .657 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4 22 2000
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III. IV. V. VI
System Description: Conv. GRAVITY
Repair System Description: Pump Possible + Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

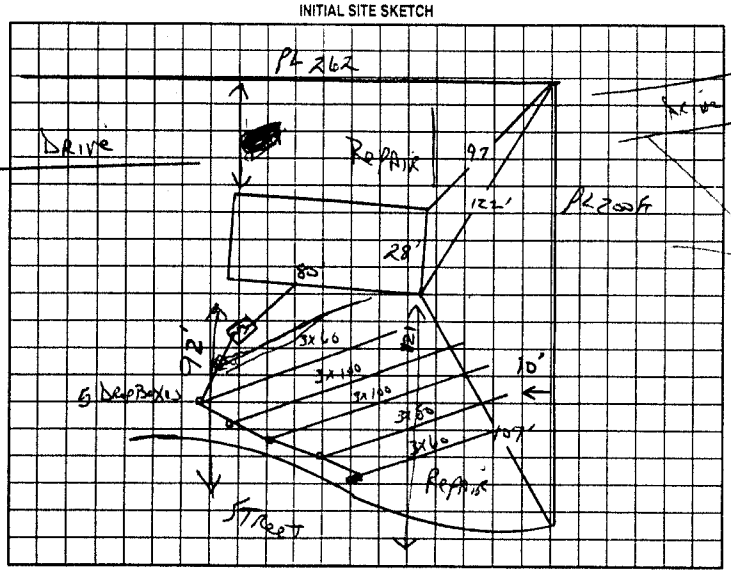
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

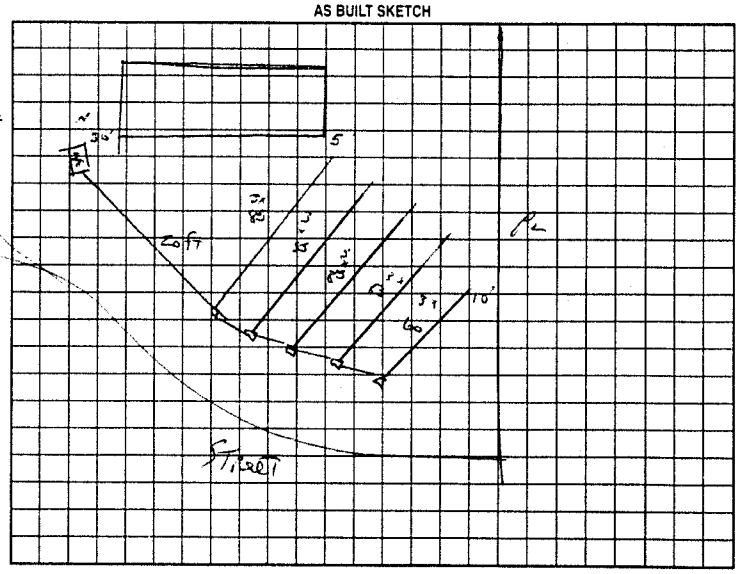
Comments:/Conditions: INSTALL on CONTOUR
Follow all SETBACK Regs

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: Claudette Ballard date 4/27/2000 Installed by: A' Backhoe

Improvement Permit by: J. C. Potter date April 27 2000 Operation Permit by: J. C. Potter date July 11, 2000

Authorization to Construct by: J. C. Potter date April 27 2000 Existing System Inspection by: _____ date _____

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