IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 103205 PIN# 4705-10-0860 DATE 10-30-01

OWNER OR CONTRACTOR JANET KIRKMAN PHONE: Business ~~Home~~ (704) 872-1946

ADDRESS 2476 OLD MOUNTAIN RD, STATESVILLE, NC 28677

LOCATION I-40 WEST, TR OLD MOUNTAIN RD, TR HALLMARK EST. DR, 1ST LOT ON LEFT

SUBDIVISION HALLMARK EST BLOCK / SECTION ____ LOT 1 LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 240

No Lines THREE Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth 12"

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

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

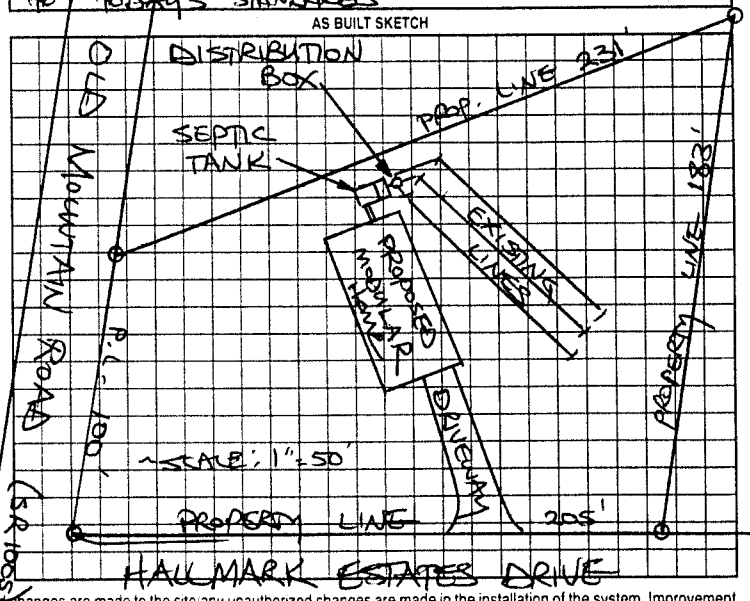
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions: ① KEEP MODULAR HOME MINIMUM FIVE (5) FEET FROM EXISTING SEPTIC TANK AND DRAIN LINES ② SYSTEM UNDERSIZED ACCORDING TO TODAY'S STANDARDS

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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by: STEVE HEDRICK date 10-30-01

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