IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 130268 PIN# 4706073775 DATE 8-9-05

OWNER OR CONTRACTOR Matthews Roosa PHONE: Business _____ Home 828-632-0977

ADDRESS 2152 Gable RD Hiddenite NC 28636

LOCATION 64/90 West - 64W to lackey farm RD property left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 ACRE SITE CLASS. RS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB WP1001 Date 2-2-06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 1000 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conventional Gravity
Repair System Description: Conventional Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

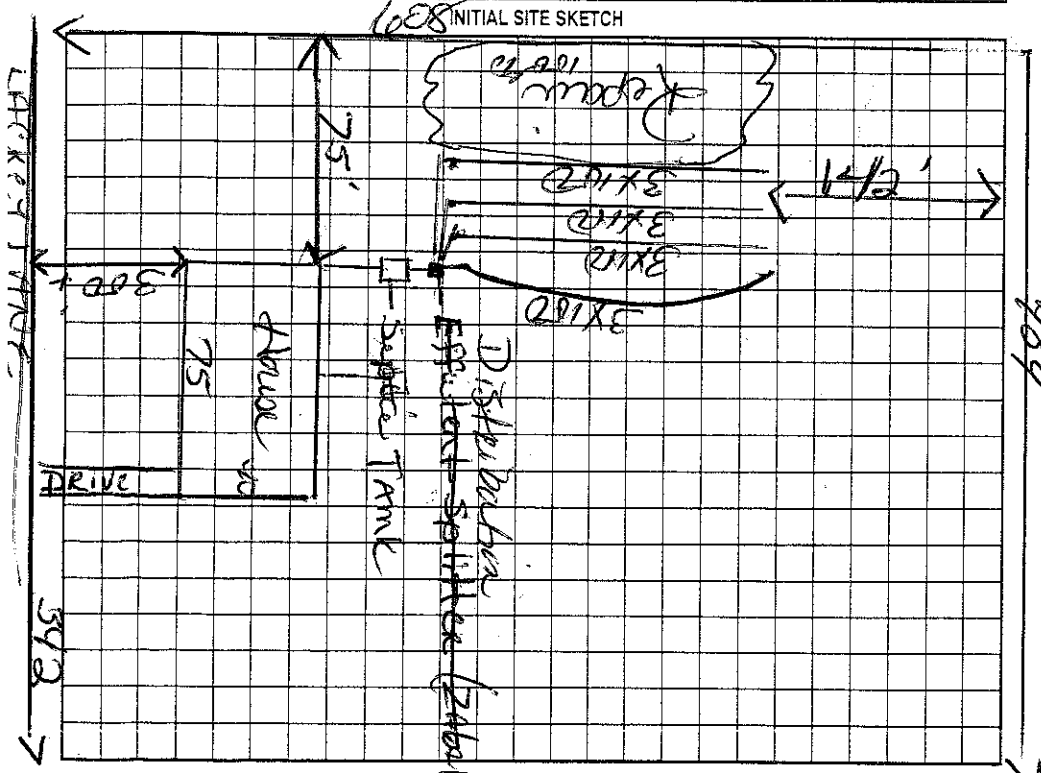
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ___
☐ Business No. Employees ___
☐ Other _____
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☐ Individual
☑ Public
☐ Community

Comments:/Conditions: install on contour
use effluent splitter

Comments:/Conditions:
25%
Septic tank Risers
Black label filter in Crawl

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: M. Matthews Roosa date 8-10-05 Installed by: Hawk Septic CJ Barbee

Improvement Permit by: Kerry Cook date 8-9-05 Operation Permit by: Kerry Cook date 3-28-06

Authorization to Construct by: Kerry Cook date 8-9-05 Existing System Inspection by: _____ date _____

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