IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE May 15, 2000

OWNER OR CONTRACTOR Carolyn Hoope PHONE: Business _____ Home 585-9102

ADDRESS P.O. Box 45 Scotts N.C. 28679

LOCATION #119 Eula Drive Hwy 64 West TR E. Lackey Farm Rd. TL Eula Drive 1st house on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA Existing SITE CLASS. _____ DESIGN FLOW _____ L.T.A.R. .34

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 Square Feet 675 Linear Feet 225

No Lines 3 IN BED Trench Width 9' Max Trench Bottom Depth 36" ± Gravel Depth 12"+

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

System Description: ~~BED~~ Gravity Bed

Repair System Description: BR Valve to Gravity Bed

Maintenance Agreement Required: ☐ Yes ☑ No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1½

☐ Business No. Employees ____

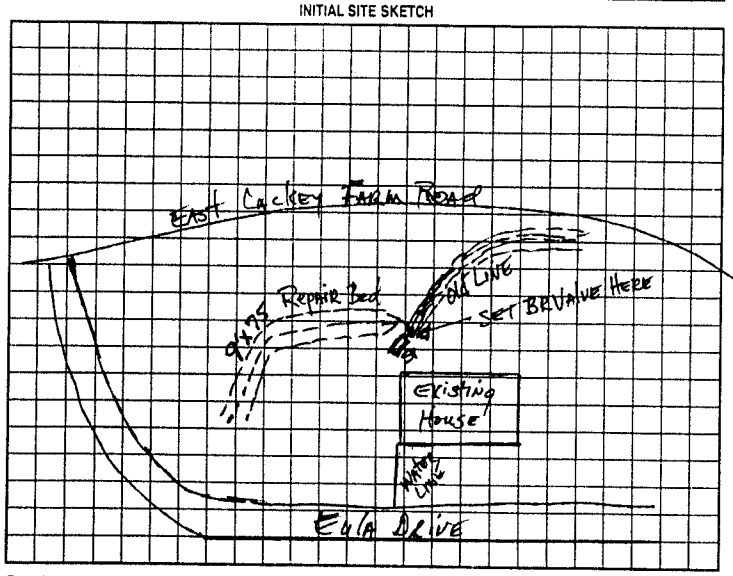
☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions: Pump tank as needed. Check tank for "Tee" and condition. Set BR valve where shown & divert flow to new Repair field. Plumb washer into Septic tank.

Comments/Conditions: ① NEW SANITARY TEE INSTALLED IN SEPTIC TANK ② WASHER DRAIN PUMPED INTO SEPTIC TANK

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL SITE 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: Carolyn A. Hoope date _____

Improvement Permit by: Mark Lemmon, RS date 5-15-00

Authorization to Construct by: Mark Lemmon, RS date 5-15-00

Installed by: BARRY SIGMON

Operation Permit by: STEVE HERRICK date 7-21-00

Existing System Inspection by: _____ date _____

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