# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10000 PIN# 4708-29-1274 DATE 7-9-01

OWNER OR CONTRACTOR KANDENSE ADAMS PHONE: Business (828) 328-2201 Home (828) 224-9977

ADDRESS 5624-5A MADISON CHAPEL RD. CATAWBA, NC 28609

LOCATION NC 115 N TL MIDWAY RD TR HARRIS BRIDGE ROAD, ~2.8 MILE, ON LEFT

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.~~82~~ ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

✓ New System ☐ Repair System Type: I ☐ II ☐ III ☐ IV ☐ V

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONVENTIONAL, PUMP

Maintenance Agreement Required: ☐ Yes ✓ No

☐ House/Mod. Home ✓ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

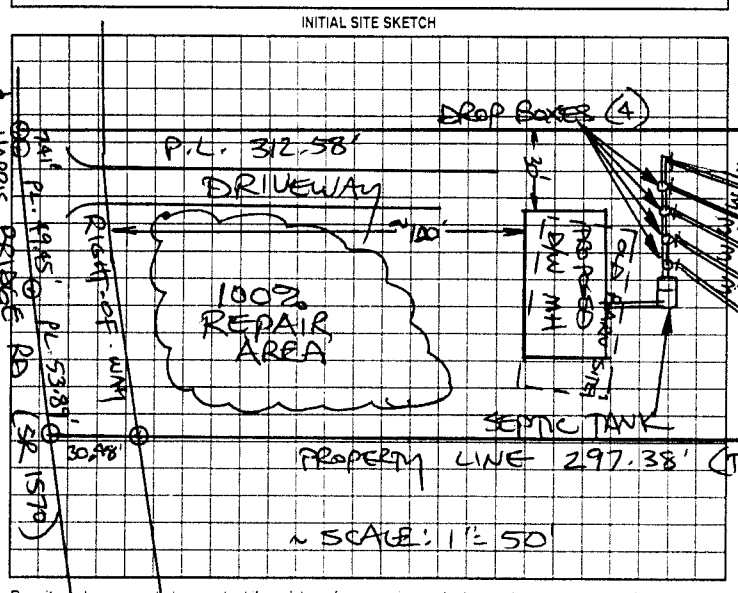
☐ Slab ✓ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ✓ Public ☐ Community

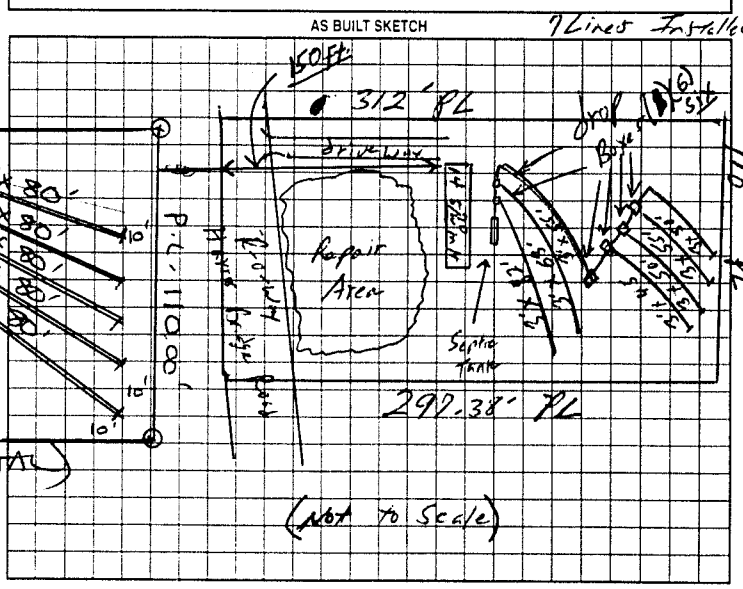
Comments/Conditions: KEEP SYSTEM MINIMUM TEN (10) FEET FROM PROPERTY LINE, DRAINLINES TO BE INSTALLED NO DEEPER THAN 24", ON CONTOUR

Comments/Conditions

INITIAL SITE SKETCH




AS BUILT SKETCH 7 Lines Installed




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 7-9-01 Installed by: A-1 Backhoe

Improvement Permit by: STEVE HEDRICK date 7-9-01 Operation Permit by: William C Johnson date 3/4/02

Authorization to Construct by: STEVE HEDRICK date 7-9-01 Existing System Inspection by: _____ date _____

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