IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 76217 PIN# 4709 21 1024 DATE 8-17-00

OWNER OR CONTRACTOR DAVID HATLEY PHONE: Business _____ Home 876-6843

ADDRESS 882 Harris Bridge

LOCATION NC115 N, TL MIDWAY RD, TR HARRIS BRIDGE ROAD, 3.0 MILES ON RIGHT AT BOX # 890

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~3 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: EXISTING Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 400 Linear Feet 135

No Lines TWO 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 EXPANSION

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

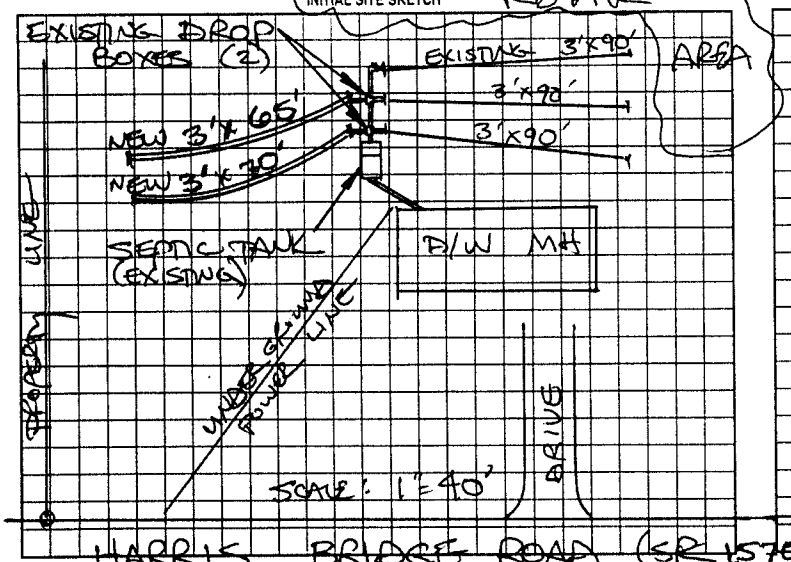
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

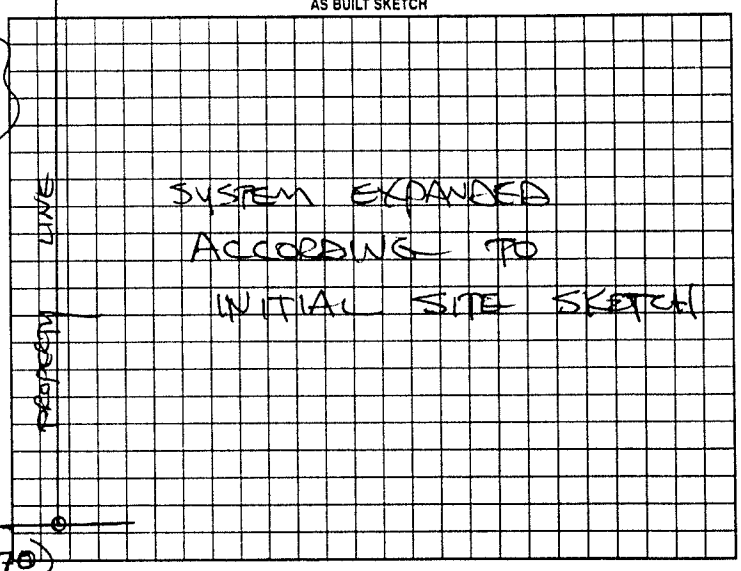
Comments/Conditions: INSTALL TWO NEW LINES AS SHOWN TYING ONTO EXISTING DROP BOXES TO ACCOMODATE EXPANSION FOR 3BR's

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: David B Hatley date 8-17-2000 Installed by: TUCKERS HAULING & GRADING

Improvement Permit by: STEVE HEDRICK date 8-17-00 Operation Permit by: STEVE HEDRICK date 9-6-00

Authorization to Construct by: STEVE HEDRICK date 8-17-00 Existing System Inspection by: _____ date _____

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