IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10102820 PIN# 4717 74 4450 DATE 6/18/01

OWNER OR CONTRACTOR Tim Hamby PHONE: Business _____ Home (704) 872-0825

ADDRESS 906 Old Mocksville Rd Statesville N.C. 28625

LOCATION Hwy 115 N @ Midway Rd, on Left on Coffey Cole Gap Road

SUBDIVISION Mtn View Estates BLOCK / SECTION — LOT 40 LOT AREA 1.03 Ac. SITE CLASS P5 DESIGN FLOW 360 L.T.A.R. 30 g/s/ft

Septic Tank: 1,000 Gallons: STB 1012 Date 7-12-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 5 @ 80' Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Gravity Conventional
Repair System Description: 25% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

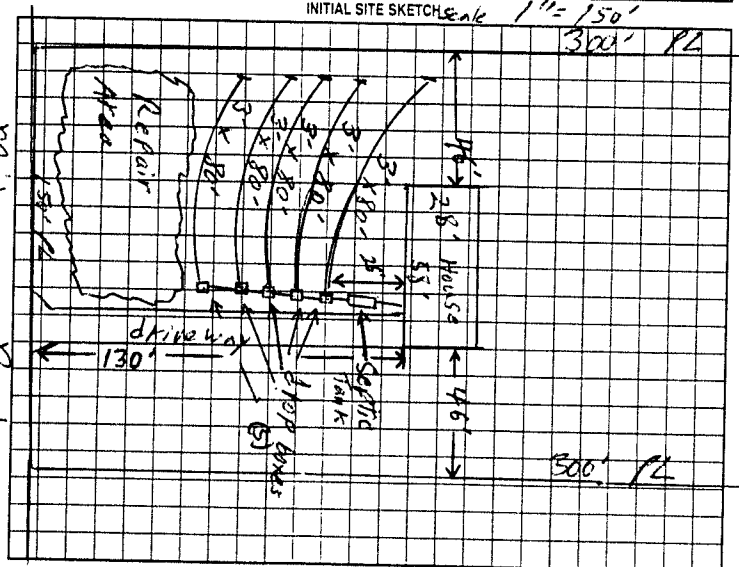
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

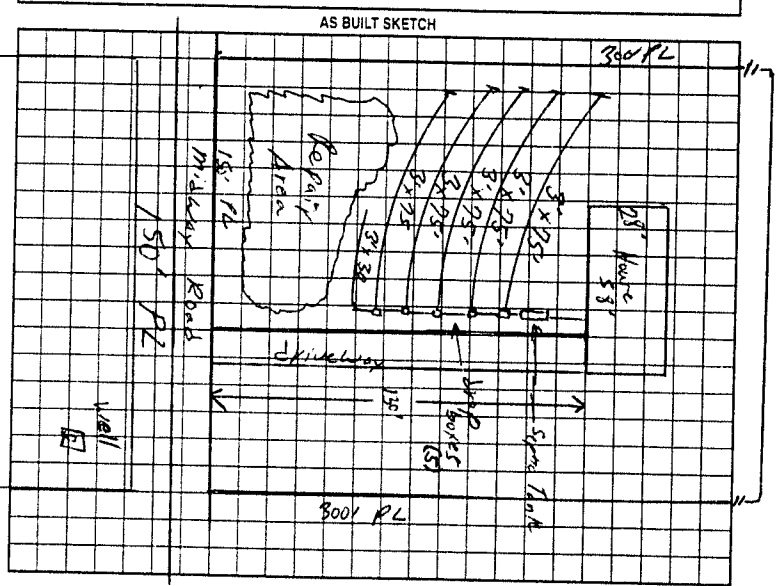
Comments/Conditions: ① No Lot Install w/in Lot ② Fastallow Contour ③ Keep 10 ft from property lines

Comments/Conditions: 6 Lines Installed with drop boxes

INITIAL SITE SKETCH Scale 1" = 150'



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: Tim Hamby date _____ Installed by: Craig Thompson

Improvement Permit by: William A. Johnson date 6/18/01 Operation Permit by: William A. Johnson date 10/10/01

Authorization to Construct by: William A. Johnson date 6/18/01 Existing System Inspection by: _____ date _____

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