Kenneth Teague 207540

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10102820 PIN# 4717 74 4450

OWNER OR CONTRACTOR Tim Hamby

ADDRESS 906 Old Mocksville Rd Statesville N.C. 28625 PHONE: Business ______ DATE 6/18/01

LOCATION Hwy 115 N (L) Midway Rd on (R) Potter Cole Gap Road Home (704) 872-0825

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

Septic Tank: 1000 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 ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

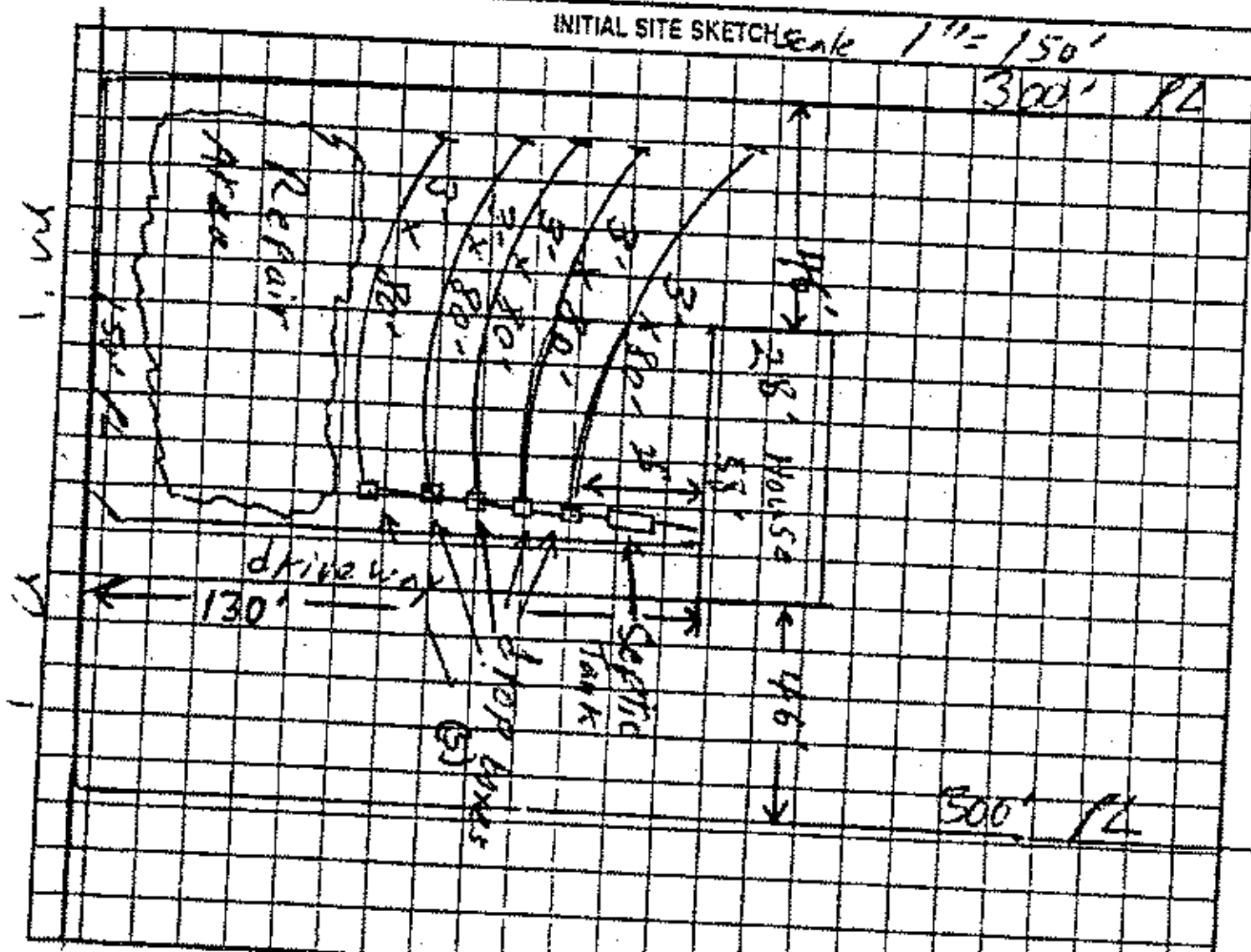
Water Supply: ☒ Individual ☐ Public ☐ Community

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

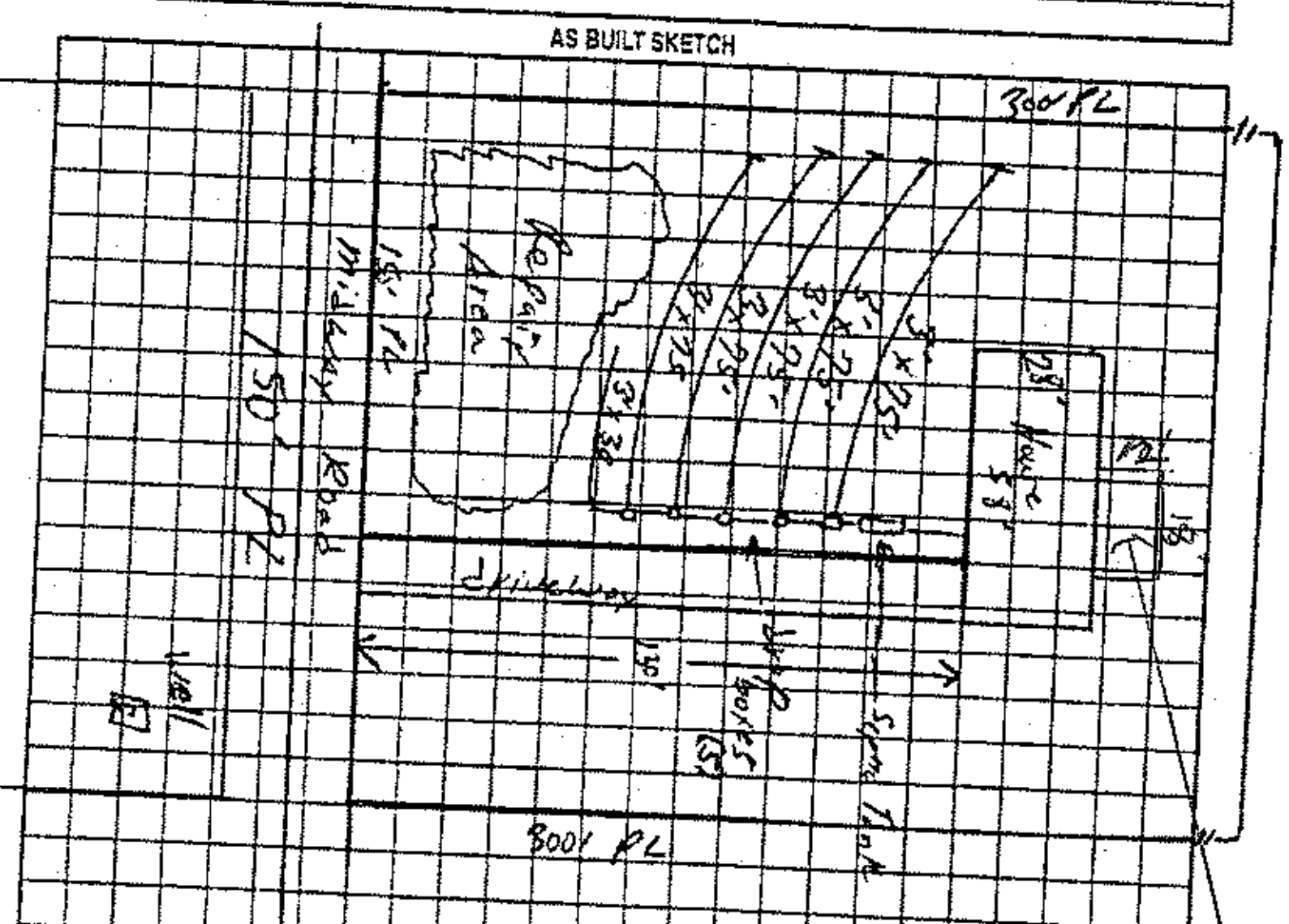
Comments/Conditions: (1) Do not install when wet (2) Install on contour (3) Keep 10 ft from property lines

Comments/Conditions: 6 Lines Installed with dropboxes

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 ______

Improvement Permit by: William O. Johnson date 6/18/01

Authorization to Construct by: William O. Johnson date 6/18/01

Installed by: Craig Thompson

Operation Permit by: William O. Johnson date 10/10/01

Existing System Inspection by: ______ date ______

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

Location of the proposed Laundry + Sunroom **addition does not appear to impact the existing on-site septic system or well.**NOTE:** ______

______ **REHS Date:** 12/19/14

ICHD-Environmental Health Division