IREDELL COUNTY HEALTH DEPARTMENT

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

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

(CI)

PERMIT# 151202 PIN# 4719-85-4587 DATE 7-3-08

OWNER OR APPLICANT JEREMY JASON HILL PHONE: Business 704-363-4861 Home

ADDRESS 184 HILL DAIRY ROAD, STATESVILLE, NC 28625

LOCATION NC 115 N, TL HILL DAIRY ROAD ~ 2 MILES ON LEFT, BACK OFF ROAD ~ 1200 FEET

SUBDIVISION BLOCK / SECTION LOT 1 LOT AREA 34.025 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.30 GAD/FT²

Septic Tank: 1000 Gallons; STB 1072 Date 2-8-08
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☑ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION, GRAVITY
Repair System Description: 25% REDUCTION, GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

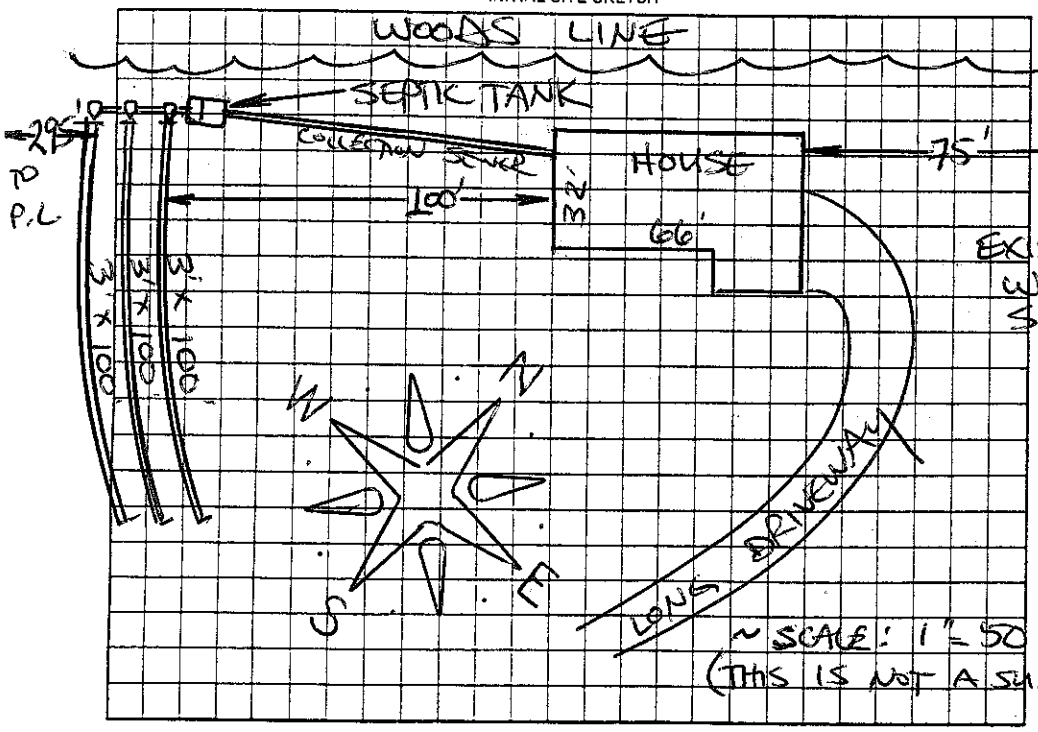
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

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

Comments:/Conditions: INSTALL 25% REDUCTION SYSTEM ON CONTOUR USING SERIAL DISPIRATION.

Comments:/Conditions: POLYLOK FILTER & MARKER

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: X Jeremy Jason Hill date 7-3-08

Improvement Permit by: STEVE HEDRICK date 7-3-08

Authorization to Construct by: STEVE HEDRICK date 7-3-08

Installed by: Ground Breakers

Operation Permit by: date 2-9-09

Existing System Inspection by: date

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