IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 111075 PIN# 4722-53-1780 DATE 03/03/03

OWNER OR CONTRACTOR VICKIE C. HASS PHONE: Business _____ Home 704-876-6440

ADDRESS 144 QUALITY WORKS LN. STATESVILLE, NC 28677

LOCATION OLD MTN. RD., (R) COMPTON PARK, (L) KYLES OAK DR., PROPERTY ON LEFT ~0.25 MILES.

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.15 ACRES SITE CLASS PS DESIGN FLOW 360 GPD L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1,000 Gallons; STB 760 Date 5-26-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1,200 Linear Feet 400
No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

X New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CONVENTIONAL, GRAVITY
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes X No

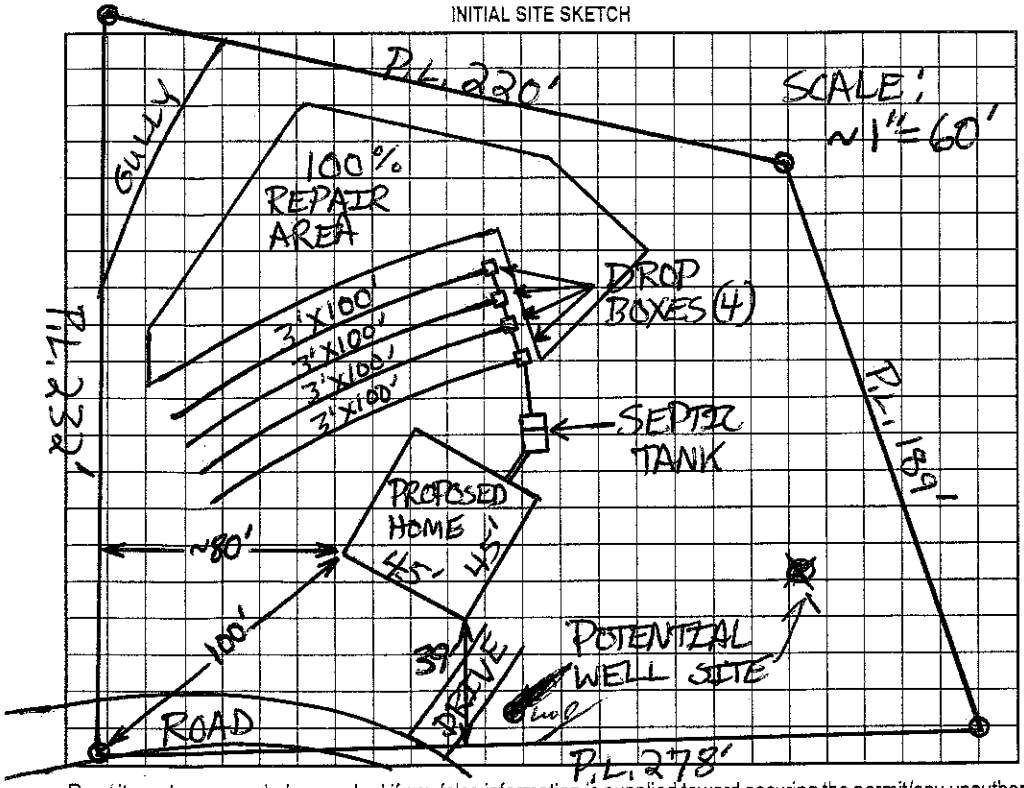
X House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: X Individual ☐ Public ☐ Community
WELL

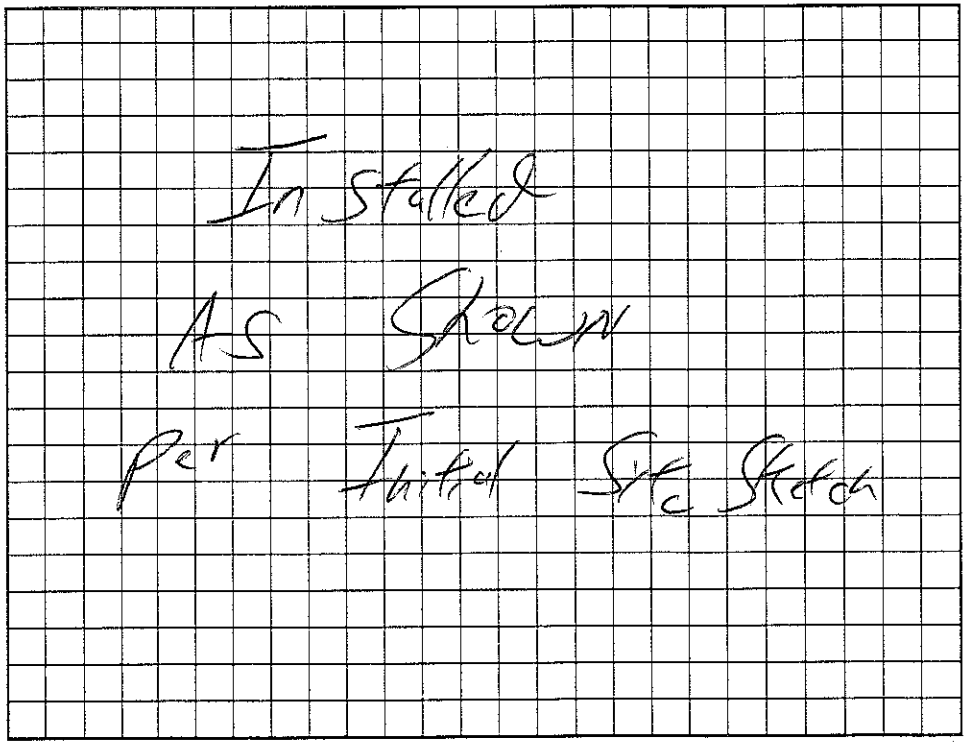
Comments/Conditions:

Comments/Conditions: — Zabel Filter Installed

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: Vickie Campbell Hass date 03/03/03 Installed by: Brent Gallimore

Improvement Permit by: Patrick Mitchell date 03/03/03 Operation Permit by: William O. John date 9/26/03

Authorization to Construct by: Patrick Mitchell date 03/03/03 Existing System Inspection by: _____ date _____

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