IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 80765 PIN# 4723652956 DATE ~~6-4~~ 6-4 99

OWNER OR CONTRACTOR Hope Brothers PHONE: Business 7048724111 Home

ADDRESS 1120 Barkley Rd Statesville NC

LOCATION Buffalo Shoals (R) Airport Rd (L) Parkwood Lake (L) Left Loop on Right

SUBDIVISION Lakewood Est BLOCK / SECTION LOT 59 LOT AREA .46 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-3-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5@60' Trench Width 36" Max Trench Bottom Depth 36"

(X) New System ( ) Repair System Type: I, II, (III) IV, V, VI
System Description: 25% Reduction GRAVITY
Repair System Description: 50% Reduction
Maintenance Agreement Required: ( ) Yes (X) No
~~Gravel~~ Depth Sand 6"

(X) House/Mod. Home No. Bedrooms 3
( ) Mobile Home No. Bathrooms 2
( ) Business No. Employees
( ) Other

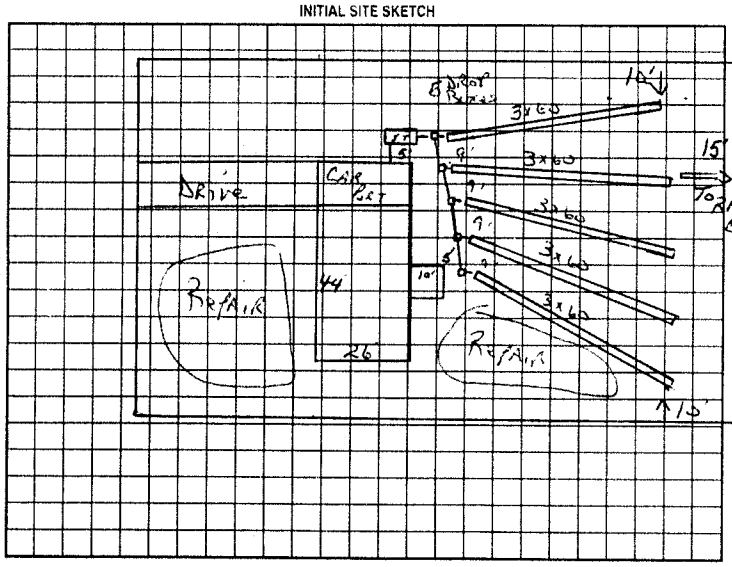
Water Supply: [ ] Individual [X] Public [ ] Community

(X) Slab (X) Crawl Space ( ) Basement w/plumbing ( ) Basement wo/plumbing

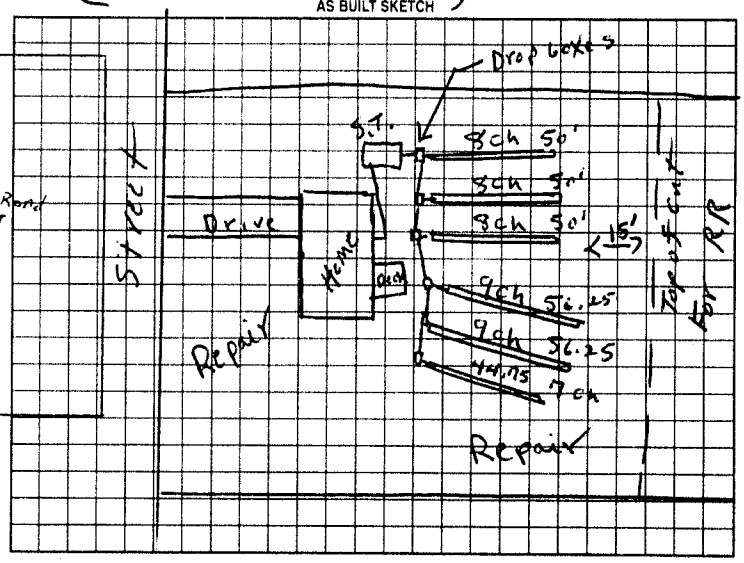
Comments/Conditions: Call 928-2030 Before Installing + Final
50 Chambers on 30 HAS Sections

Comments/Conditions:
6 Lines Installed as Shown
(306.25' 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: Jay Hope date

Improvement Permit by: J.C. Potter date June 4 99

Authorization to Construct by: J.C. Potter date June 4 99

Installed by: Arnie Duncan (Hope Bros)

Operation Permit by: F.C. Moore date 1-21-00

Existing System Inspection by: date

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