IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 86887 PIN# 4723667915 DATE Jan 3 2000

OWNER OR CONTRACTOR Hayden Hamby PHONE: Business _____ Home 872-0825

ADDRESS 906 old Mocksville Rd STATESVILLE

LOCATION Hwy 70W (L) Airport Rd Lot on Right past PARKER LAKE LOOP

SUBDIVISION Lakewood BLOCK / SECTION _____ LOT 78 LOT AREA _____ SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 6-21-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. III. IV. V. VI

System Description: 25% Reduction

Repair System Description: 50 25% Pump possible

Maintenance Agreement Required: ☐ Yes ☒ No

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

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

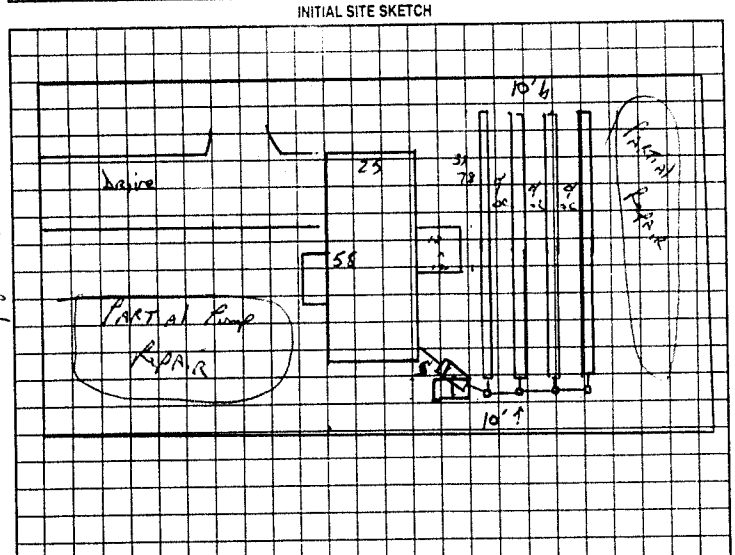
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: 50 chambers or 30 HAS Sections

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "POLYLOK" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE 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: Hayden Hamby Jr date _____

Improvement Permit by: J. C. Potter date Jan 3, 00

Authorization to Construct by: J. C. Potter date Jan 3 2000

Installed by: CRAIG THOMPSON

Operation Permit by: STEVE HENDRICK date 9-1-00

Existing System Inspection by: _____ date _____

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