LISA HUTTON

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 072977 PIN# 4725 97 2497 DATE 4-22-98

OWNER OR CONTRACTOR CAROL NOTTELMANN PHONE: Business 872-9811 ext 201 Home 873-0600

ADDRESS 109 HEAVENLY DRIVE STATESVILLE NC 28625

LOCATION NC 115 N TL OLD WILKESBORO ROAD, 3RD LOT ON RIGHT PAST NORTHMONT DRIVE

SUBDIVISION NORTHMONT BLOCK / SECTION ____ LOT 42 LOT AREA LIMITED SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 794 Date 8-20-98
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300+
No Lines FIVE Trench Width 36" Max Trench Bottom Depth 30" ~~Gravel~~ Depth SAND 6"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: CHAMBERED GRAVITY
Repair System Description: MAX. FEASIBLE LPP
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____

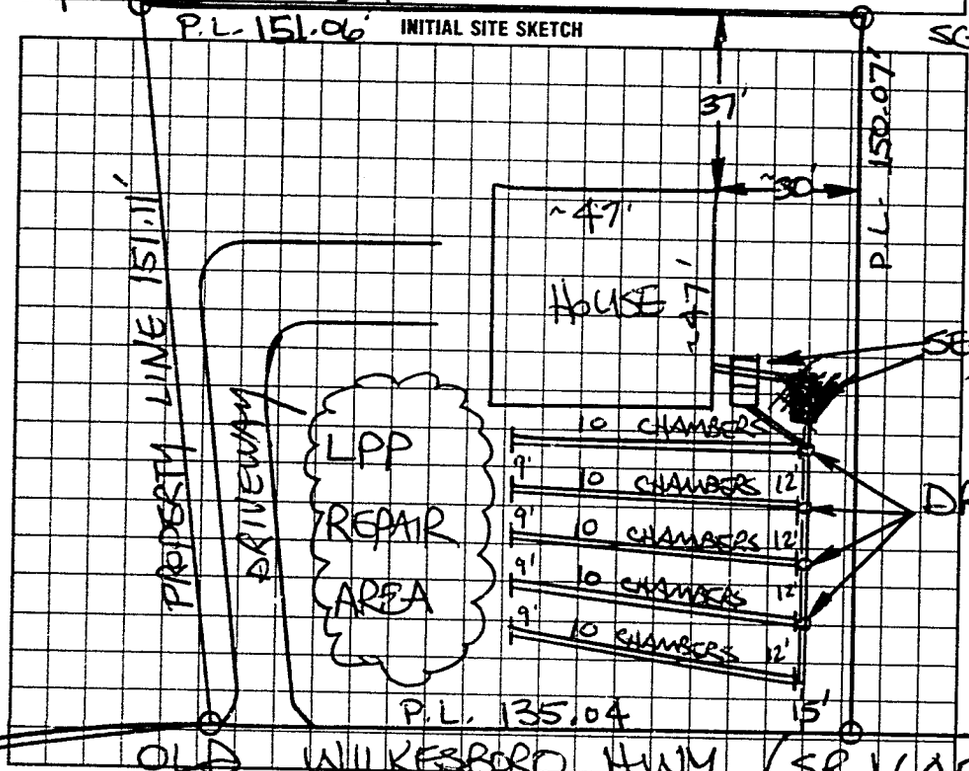
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: ① INSTALL FIFTY (50) CHAMBERS IN FIVE EQUAL LENGTH LINES ON CONTOUR AS SHOWN. ② KEEP SYSTEM MINIMUM 15' FROM TOP OF SLOPE OF EMBANKMENT.

Comments:/Conditions: BOTTOM TWO LINES INSTALLED OUT OF CONTOUR, FILL DIRT IMPORTED TO COVER LINES MINIMUM 20' DEEP.

INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

I understand that this 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: [signature] date 4-24-98

Improvement Permit by: STEVE HEDRICK date 4-22-98

Authorization to Construct by: STEVE HEDRICK date 4-22-98

Installed by: CHRIS KAMIONKA

Operation Permit by: STEVE HEDRICK date 12-4-98

Existing System Inspection by: ____ date ____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW OWNER COPY (FINAL) PINK OWNER COPY (FINAL) BLUE

056200