12:30 #169538

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # ~~159655~~ PIN # ~~4702 37 7603~~ 4726-37-7603 DATE 2-1-10

OWNER or APPLICANT Gary - June Hawk PHONE: Business Home: 704-871-1536

OWNER or APPLICANT ADDRESS 359 McElwey RD Statesville, NC 28625

LOCATION / DIRECTIONS Wilkesboro Hwy, left Midway, left Shot Dog, Right Morgan on right

SUBDIVISION Beagle Run BLOCK / SECTION LOT # 12 LOT AREA .75 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 928 Date 2-25-08

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines 3 Linear Feet 360

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

[x] New System [ ] Repair [ ] Expansion System Type I II (III) IV V VI

System Description: 25% Gravel

Repair System Description: 25% Gravel

Maintenance Agreement Required [ ] YES [x] NO

[x] GRAVITY [ ] PRESSURE

[x] Residence No. Bedrooms 3

[ ] Business No. Persons

[ ] Other No. Employees

[ ] Slab [x] Crawl Space

[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply

[ ] Private

[x] Public

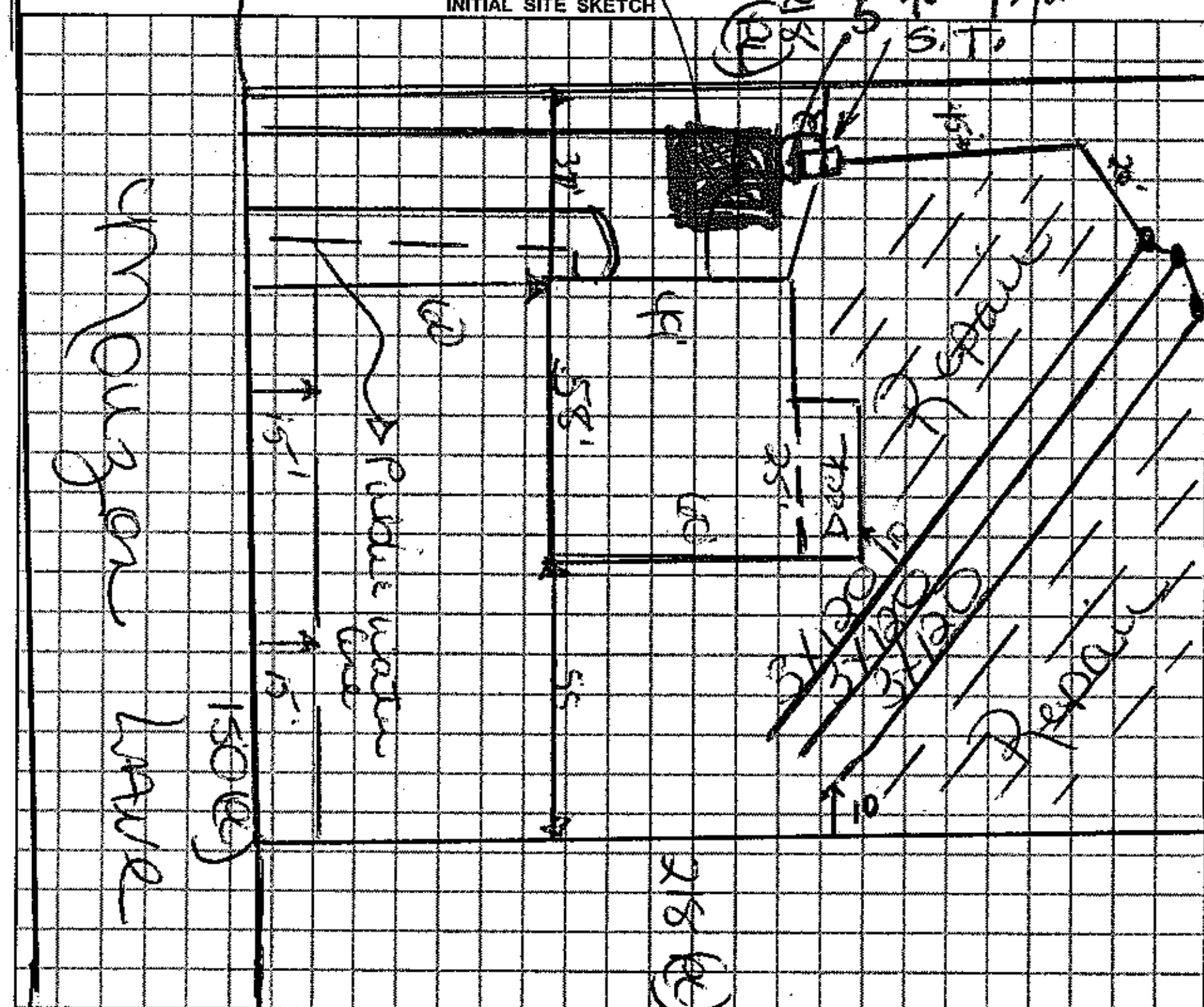
[ ] Community

Comments / Conditions

Proposed Garage SDS (1" = 50')

2' to septic tank

INITIAL SITE SKETCH



Comments / Conditions

* Install on Contour

* Maintain all setbacks

AS BUILT SKETCH

* Insure tank and supply line placement are as drawn - for future repair!!

Location of the proposed Detached garage addition does not appear to impact the existing on-site septic system.**NOTE:

[signature] REHS

Date: 11-17-11

ICHD-Environmental Health Division

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 w / plat valid without expiration.* [x] *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* [x] *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 2-9-10

Improvement Permit by: [signature] Date 2-1-10

Authorzation to Construct by: [signature] Date 2-1-10

Installed by: Madison Grading

Operation Permit by: [signature] Date: 4-16-10

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant