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IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 144224 PIN# 4726506027 DATE 20 August 07

OWNER OR APPLICANT Phyllis Hamby PHONE: Business 704-876-3832 Home

ADDRESS 111 Mallory Ln. Statesville, N.C.

LOCATION Scott Creek Rd. TL Miles Farm TR Author TL Red Bud Ct TL Morrison Creek Ct on Rt.

SUBDIVISION Deercroft BLOCK / SECTION 3 LOT 149 LOT AREA 0.9Ac. SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. 30.2 gpd/sf

Septic Tank: 1000 Gallons; ST# WP 1537 Date 10-15-07

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1800 Linear Feet 450

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduct.

Repair System Description: 50% Reduct. - Pressure

Maintenance Agreement Required: ☐ Yes ☑ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions: Follow contour

Comments:/Conditions: Final installed / ST Marker

INITIAL SITE SKETCH

Please see attached site plan

AS BUILT SKETCH

Install as Drawn on site plan

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: Phyllis Hamby date 8-20-07

Improvement Permit by: _____, R.S. date 20 Aug. 07

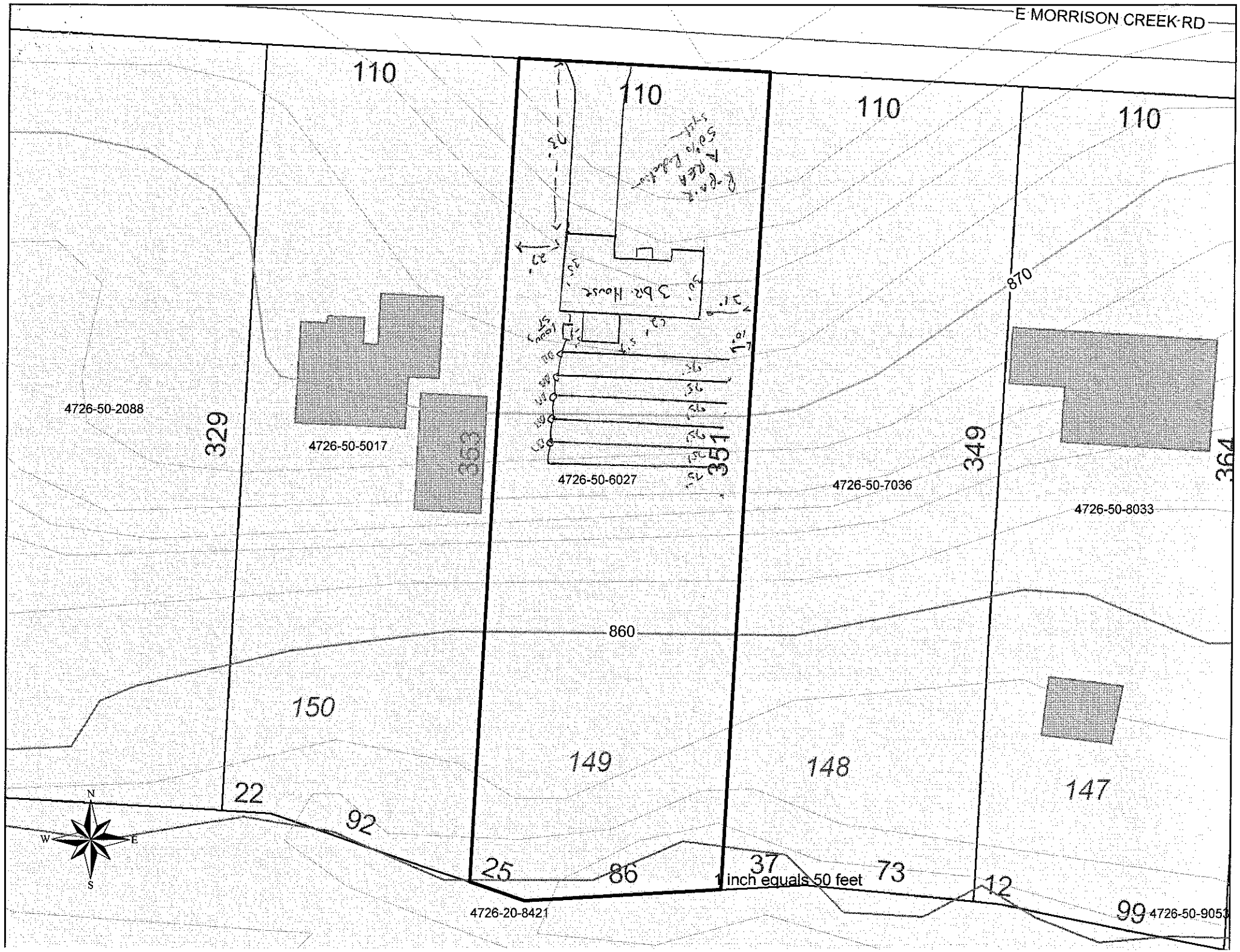
Authorization to Construct by: _____, R.S. date 11 Sept. 07

Installed by: James Cothern

Operation Permit by: _____, R.S. date 5 Dec. 07

Existing System Inspection by: _____ date _____

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


E MORRISON CREEK RD
110
110
110
110
870
860
4726-50-2088
4726-50-5017
4726-50-6027
4726-50-7036
4726-50-8033
4726-20-8421
4726-50-9053
329
351
349
364
150
149
148
147
22
92
25
86
37
73
12
99
1 inch equals 50 feet
N
W
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S