IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (4) MOORESVILLE 704-664-5281

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

PERMIT# 094825 26 PIN# 4726-51-1804 DATE 11/14/02

OWNER OR CONTRACTOR Timothy Hope PHONE: Business (704) 902-1520 Home ~~(704) 8~~

ADDRESS P.O. Box 5882 Statesville N.C. 28687

LOCATION 115 N @ Scotts Creek Rd @ Milky Farm Rd, @ Doe Trail at End on left

SUBDIVISION Deer Croft BLOCK / SECTION 4 LOT 180 LOT AREA 1.60 SITE CLASS: PS DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 1007 Date 9-6-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 30 Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, ☒ III, IV, V, VI
System Description: Gravity, Conv.
Repair System Description: Gravity, 25% Redu
Maintenance Agreement Required: ☐ Yes ☒ No

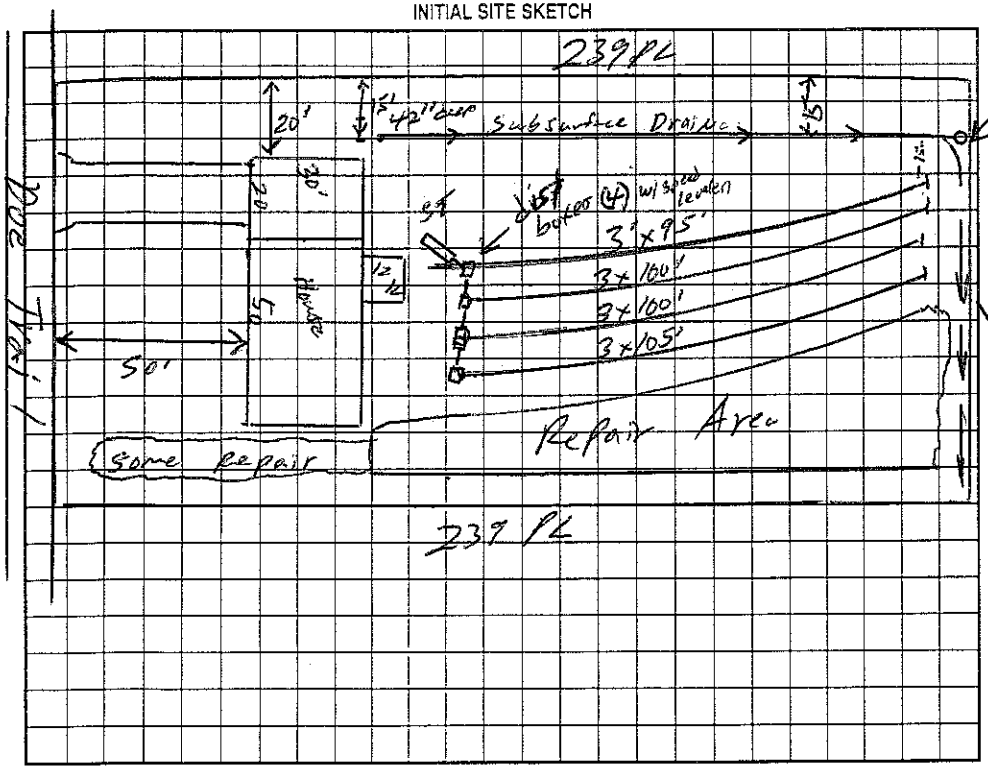
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: ① Install Rock on Contour ② Install Subsurface Drain 42" Deep to ~~Daylight~~ (1Ft/100 Fall) Similar to Attachment "A". ③ ~~Repair Area~~

Comments/Conditions: SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL 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: Timothy P Hope date 11-20-02 Installed by: JAMES HUDLER

Improvement Permit by: [signature] date 11/14/02 Operation Permit by: STEVE HEDRICK date 11-17-04

Authorization to Construct by: [signature] date 11/14/02 Existing System Inspection by: _____ date _____

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