IREDELL COUNTY HEALTH DEPARTMENT

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

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

DATE 02/21/01

PERMIT# 094275 PIN# 4726 83 3342

OWNER OR CONTRACTOR WESLEY THOMPSON PHONE: Business _____ Home 878-0228

ADDRESS 117 HOLLOW BROOK CT STATESVILLE NC 28625

LOCATION 115 N. @ SCOTTS CREEK, @ BROOK HOLLOW, @ HOLLOW BROOK, AT END

SUBDIVISION HOLLOW BROOK BLOCK / SECTION _____ LOT 20 LOT AREA 1.84 SITE CLASS FS DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 120 Linear Feet 40

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: CONV GRAV

Repair System Description: PUMP 25% REDUCT

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

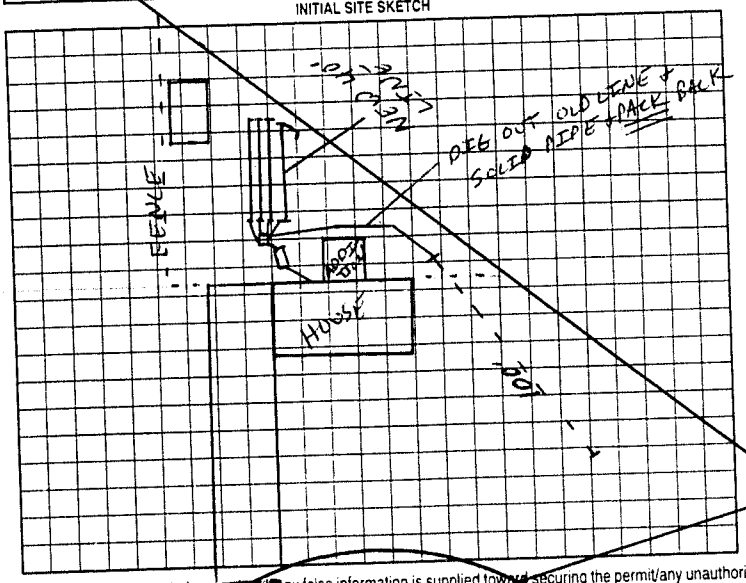
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

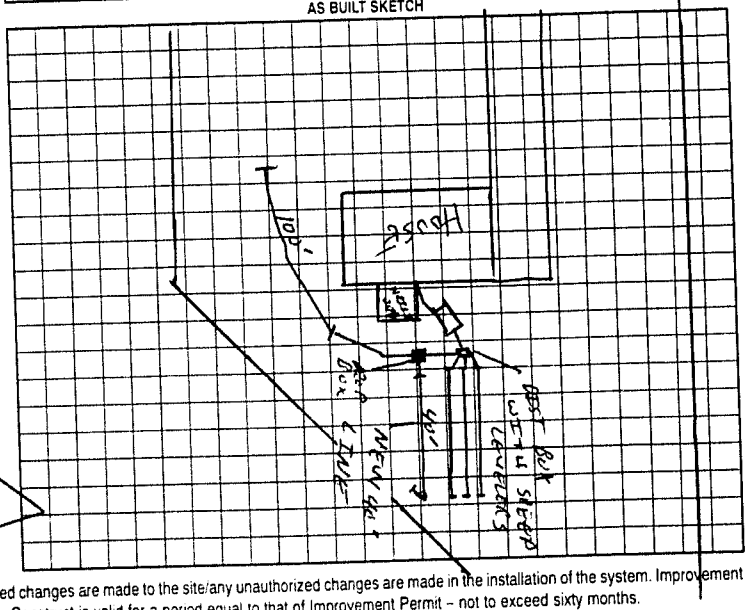
Comments/Conditions: ① MOVE TANK 5' OFF NEW STRUCTURE ② TAKE OUT 40' UNDER NEW STRUCTURE & ADD NEW 40' LINE ③ TIE INTO DIST. BOX WITH SPEED LEVELERS ④ DO NOT REUSE OLD GRAVEL AND BACK BACK OLD DITCH

Comments/Conditions: INSTALLED NEW SANITARY TEE

INITIAL SITE SKETCH



AS BUILT 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: _____ date 02/23/01 Installed by: JAMES HARDESTY

Improvement Permit by: Steve Cook RST date 02/21/01 Operation Permit by: Steve Cook RST date 05-14-01

Authorization to Construct by: Steve Cook RST date 02/21/01 Existing System Inspection by: _____ date _____

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