IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 114971 PIN# 4727-71-4400 DATE 9/03/03

OWNER OR CONTRACTOR Tim Hamby Builders PHONE: Business – Home (704) 872-0825

ADDRESS 906 018 Mocksville Rd Statesville N.C. 28625

LOCATION Hwy 115 N to Mallory Lane, 3rd lot on left

SUBDIVISION Red Chimney Est BLOCK / SECTION ____ LOT 3 LOT AREA .58 Acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 100'1 Date 10-8-03

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model Equal Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 360

No Lines 6 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: Gravity 25% Reduction

Repair System Description: Pump 50% Reduction

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

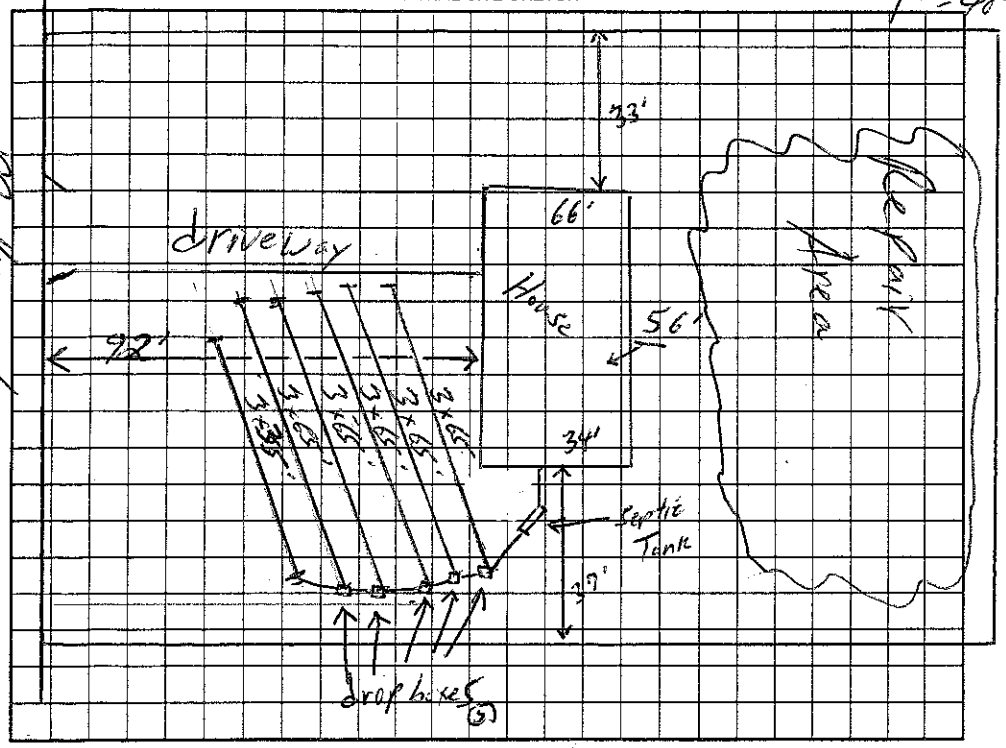
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: ① Install lines on Contour ② Maintain proper Setback ③ Do Not Install when wet

Comments:/Conditions: - 5T Marker + Turf Tite filter Installed - 58 Infiltrator Chambers Installed

INITIAL SITE SKETCH 1" = 40'



AS BUILT SKETCH

Installed As Shown

Plot Site Sketch

Line #1 – 9 chambers
#2 – 10 "
#3 – 10 "
#4 – 10 "
bottom #5 – 9 chambers

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: Hayden Hamby Jr date 9/5/03

Improvement Permit by: William O Johnson date 9/3/03

Authorization to Construct by: William O Johnson date 9/3/03

Installed by: Tommy Gothren + Son

Operation Permit by: William O. Johnson date 1/26/04

Existing System Inspection by: ____ date ____

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