IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 116262 PIN# 4727-71-4665 DATE 10-15-03

OWNER OR CONTRACTOR PHYLLIS HAMBY PHONE: Business _____ Home 704-876-3852

ADDRESS 114 MALLORY LANE STATESVILLE NC 28625

LOCATION 40 EAST @ 115 N @ MALLORY LANE LOT # 12 ON RT 2ND LOT ON RT

SUBDIVISION RED CHIMNEY MOWS BLOCK / SECTION _____ LOT 12 LOT AREA .59 AC SITE CLASS 360 PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1600 Gallons: STB 1000 Date 3-1-04

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 4 Square Feet EQ=1440' Linear Feet 360'

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAV 25% RED

Repair System Description: LP PAVEL

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

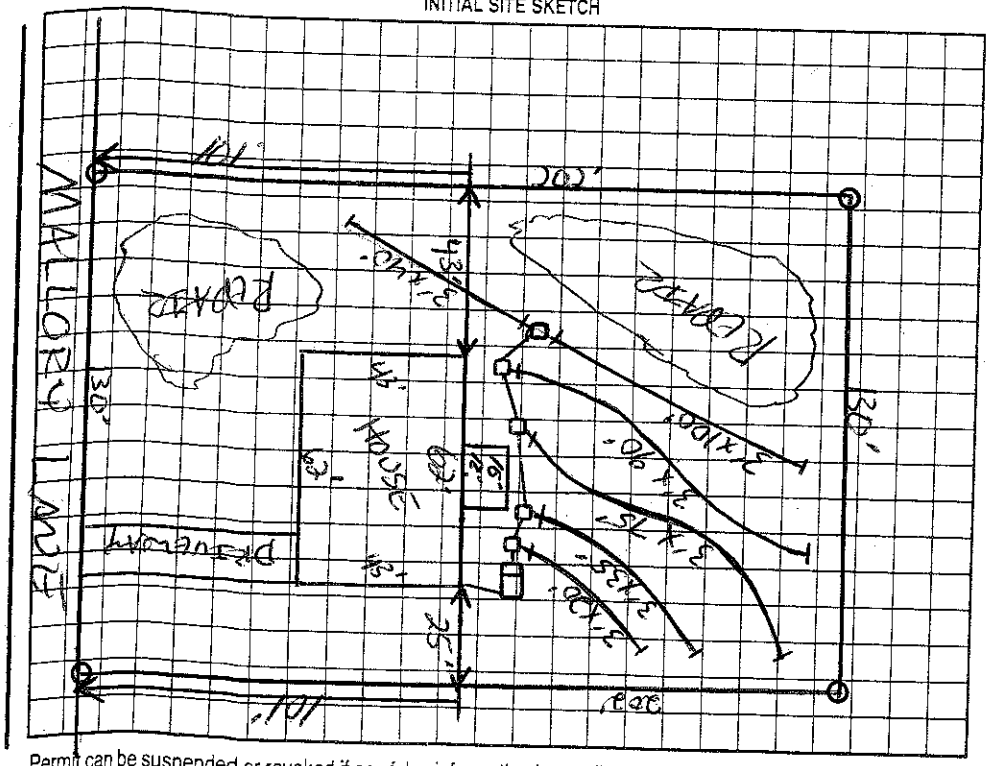
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments/Conditions: (1) GRADE OUT FIELD TERRACE'S SD REPAIR WILL BE MADE (2) MAINTAIN SETBACKS (3) INSTALL LINES ON CONTOUR (4) SYSTEM & HOUSE IS COMPLETELY FLAGGED OUT.

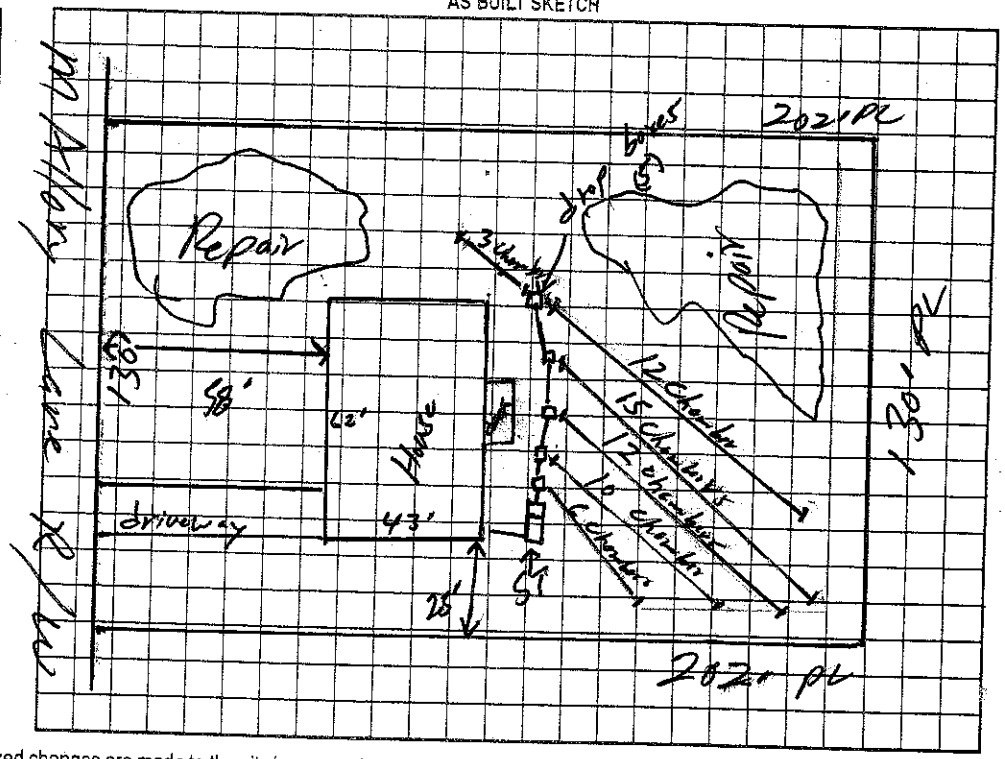
Comments/Conditions:

- 1 WFF - Tee Fitter + ST marker Installed
- 58 Infiltrator Chambers Installed

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: Phyllis Hamby date _____

Improvement Permit by: _____ date 10-15-03

Authorization to Construct by: _____ date 10-15-03

Installed by: Cothern + Son

Operation Permit by: William O. Johnson date 5/3/04

Existing System Inspection by: _____ date _____

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