IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92258 PIN# 4727 71 2560 DATE 10-10-00

OWNER OR CONTRACTOR Hayden Hamby PHONE: Business _____ Home 828 495 4086

ADDRESS 273 Iswa Dr. Taylorsville N.C.

LOCATION 115 N to Mallory LN 2nd lot left

SUBDIVISION Ret chimney meadows BLOCK / SECTION _____ LOT 12 LOT AREA .158 acres SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 312 Date 12-14-01

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 720 Linear Feet 240

No Lines 4 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. Gravity

Repair System Description: Gravity 25% Rdtn.

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

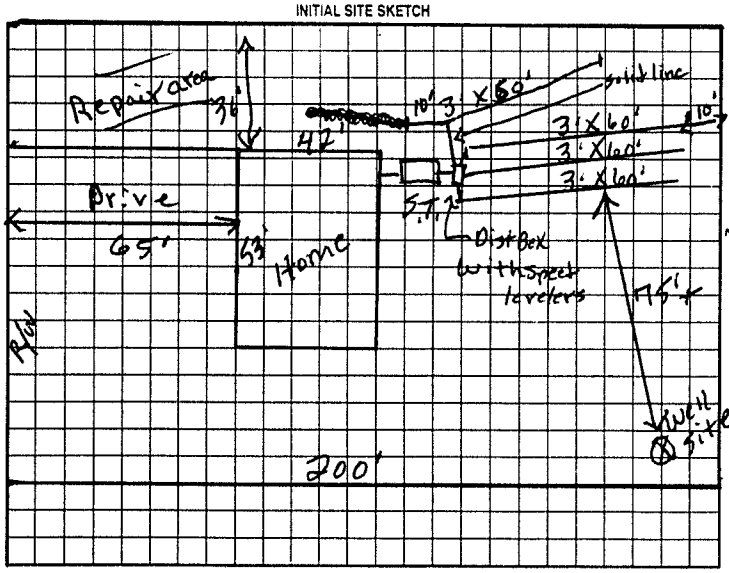
Water Supply: ~~Individual~~ ☑ Public ☐ Community

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

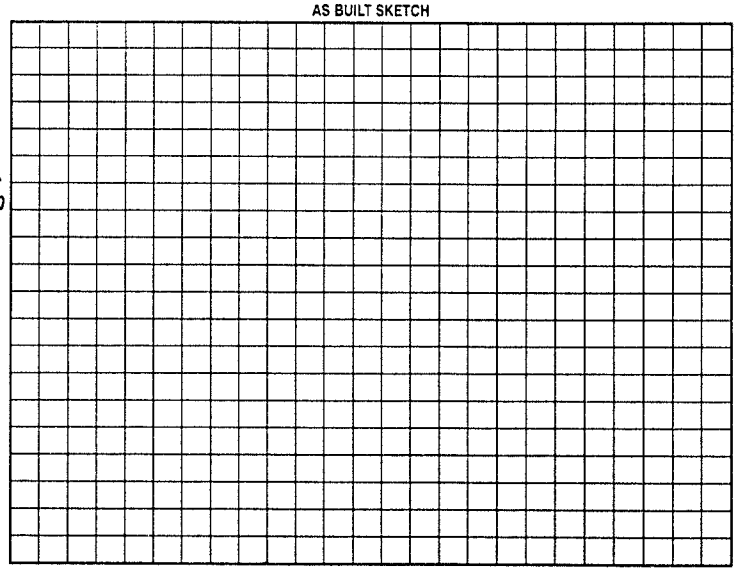
Comments/Conditions:

Comments/Conditions: SYSTEM INSTALLED WITH POLYLOK FITTER AND AS SHOWN WITH MARKER

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: X Hayden Hamby date _____ Installed by: CRAIG THOMPSON

Improvement Permit by: P.C. Moore date 10-10-00 Operation Permit by: _____ date 4-20-01

Authorization to Construct by: P.C. Moore date 10-10-10 Existing System Inspection by: _____ date _____

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