664-5327

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# DATE 3-12-98

OWNER OR CONTRACTOR Erica Hayes PHONE: Business Home

ADDRESS 533 Autumn Leaf Rd Taylorsville

LOCATION 215 T.R Perth Rd Ft Autumn leaf 1st House on (R)

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS: PDS DESIGN FLOW 480 L.T.A.R.

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet Linear Feet 370

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth: Sand

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

System Description:

Repair System Description: Gravity Chamber/HDS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

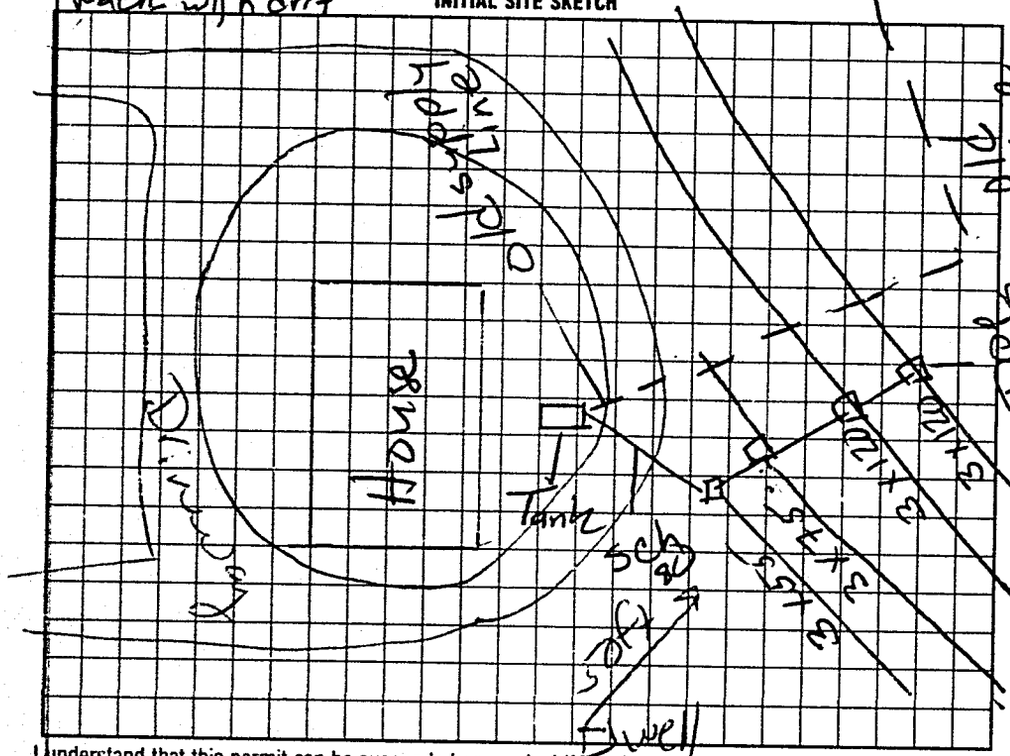
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

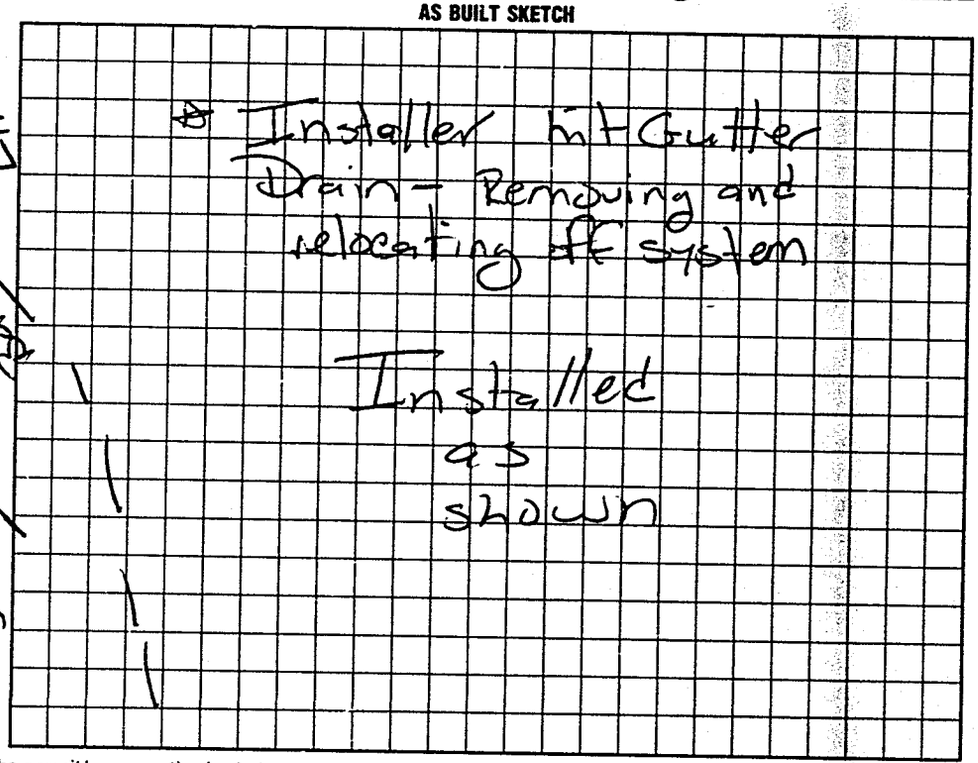
Comments:/Conditions: Keep lines on contour, 8½-9ft on center, Reconnect waster into tank Pump tank check sanitary T replace, if needed will possibly hit old supply line Remove and Pack with dirt

Comments:/Conditions: Landscape back yard - use sch 80 ~~under~~ ~~Rd~~ Drive

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 plan 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: Carol Haughton date

Improvement Permit by: Mark C Ortz IRS date 3-12-98

Authorization to Construct by: Mark C Ortz IRS date 3-12-98

Installed by: Forest Shuffard

Operation Permit by: Mark C Ortz IRS date 3-25-98

Existing System Inspection by: date

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