IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92313 PIN# 4732 89 2907 DATE 10/13/00

OWNER OR CONTRACTOR Earlie Hager PHONE: Business _____ Home 876-3154

ADDRESS 524 Cove Gap Rd Statesville NC 28625

LOCATION 215, L Cumberland, L Blackbird, R Chalet Hgts, on Lt

SUBDIVISION Earlie Hager BLOCK / SECTION _____ LOT 13 LOT AREA .64 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 160 Date 10-9-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 267
No Lines 4 @ 67 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair System Type: I ☐ II, III, IV, V, VI
System Description: Grav. Conv.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12" ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☒ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community
Sharing Well

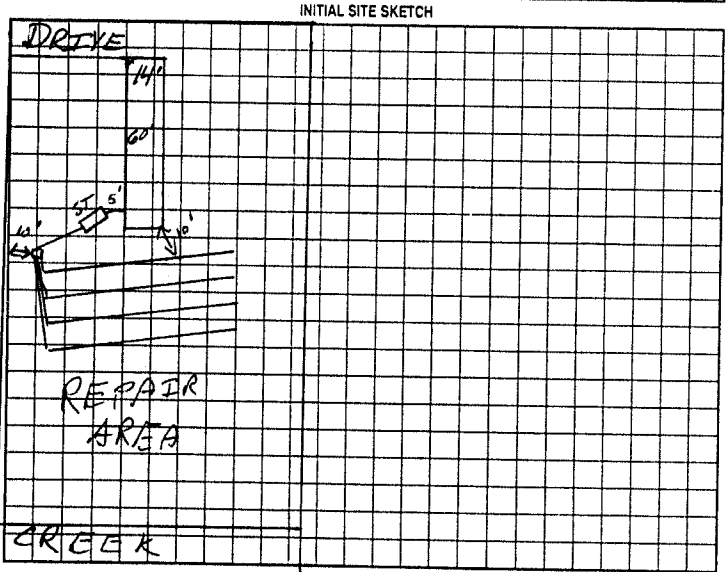
Comments:/Conditions:

Not to Scale

Comments:/Conditions.

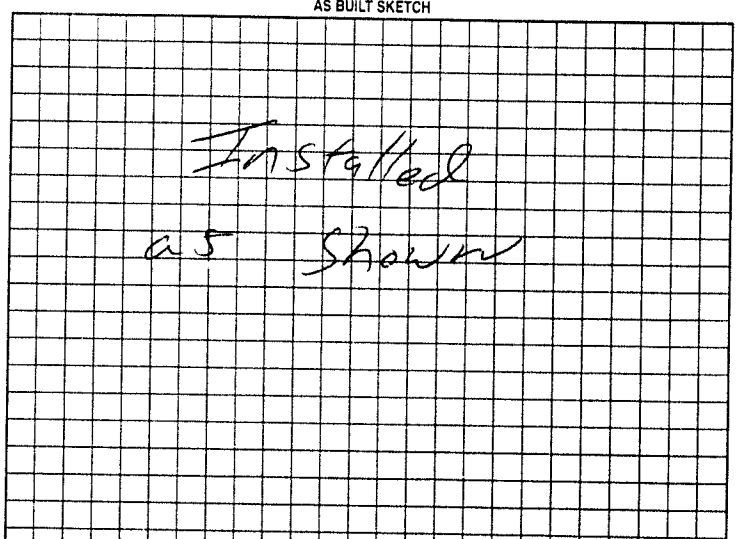
- Zoed Filter Installed
- Septic Tank Marker Installed

INITIAL SITE SKETCH



Chalet

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: Earlie Hager date 10-17-00 Installed by: Ryan Byers / E. Hager

Improvement Permit by: RSE date 10/13/00 Operation Permit by: William O. Johnson date 12/13/01

Authorization to Construct by: RSE date 10/13/00 Existing System Inspection by: _____ date _____

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