IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92312 PIN# 4733 80 0296 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 Bluebird, Rt Chalet Hgts on RT

SUBDIVISION Earlie Hager BLOCK / SECTION _____ LOT 12 LOT AREA .46 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.5

Septic Tank: 1000 Gallons; STB 760 Date 10-3-01
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 270
No Lines 4 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 ~~Grav. Conv.~~ 25% Red.
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth 12"

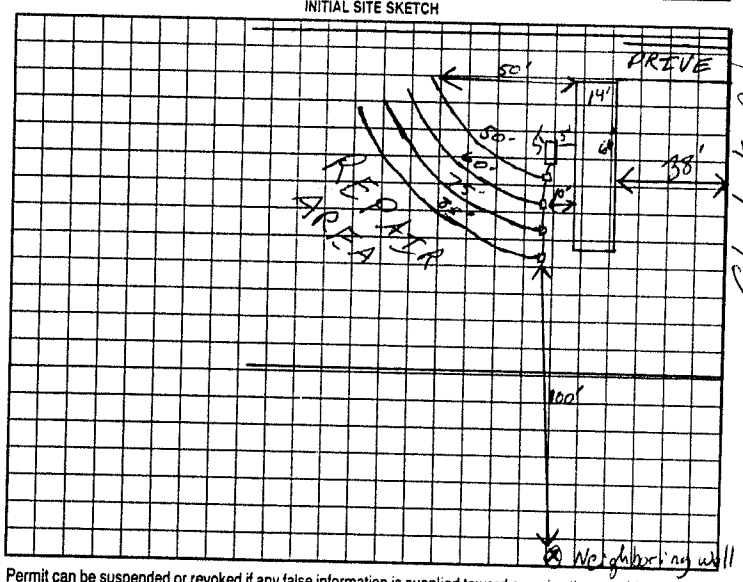
~~☒~~ House/Mod. Home No. Bedrooms 2
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community
sharing well

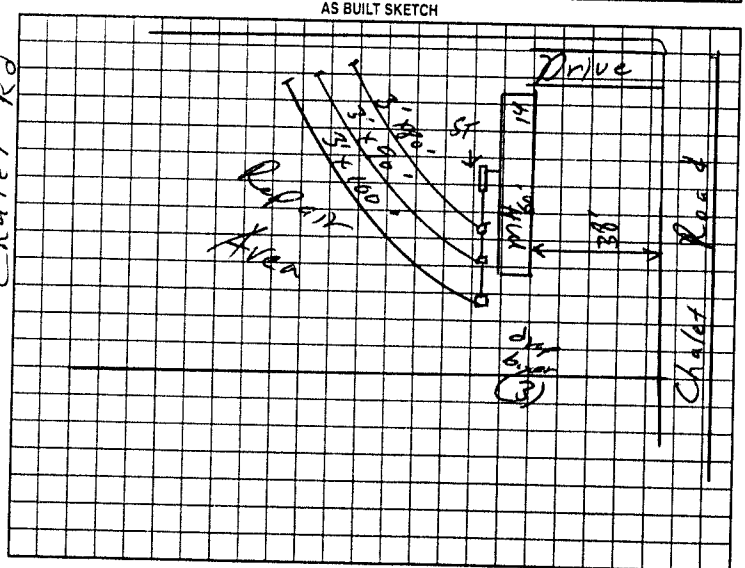
Comments:/Conditions:
NOT to Scale

Comments:/Conditions:
- Label filter Installed
- Septic Tank Marker 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: Earlie Hager date 10/17/00 Installed by: Ryan Byer / Earlie Hager

Improvement Permit by: [signature] RSI date 10/13/00 Operation Permit by: [signature] date 12/13/01

Authorization to Construct by: [signature] RSI date 10/13/00 Existing System Inspection by: _____ date _____

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