IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 079666 PIN# 4739413531 DATE 3-18-99

OWNER OR CONTRACTOR Lane W. Ball PHONE: Business _____ Home 704 632-4574

ADDRESS 600 York Int. Rd Hiddenite NC.

LOCATION 641 Snow Creek Rd 11.5 NTR Snow Creek House on (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS 5 DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank: 1000 Gallons; STB 1012 Date 1-8-99

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 160 Linear Feet 80

No Lines 2 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

[X] New System [ ] Repair System Type: I (II) III IV V VI

System Description: _____

Repair System Description: Gravity Conventional

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 3

[ ] Business No. Employees _____

[ ] Other _____

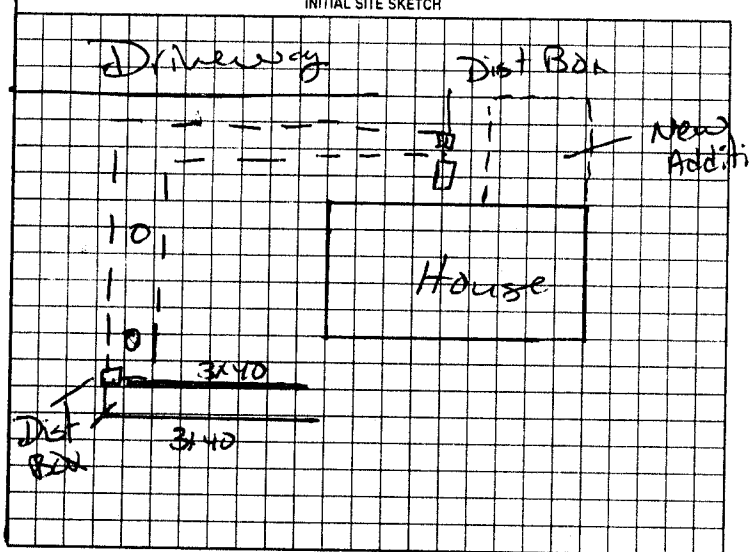
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [X] Individual [ ] Public [ ] Community

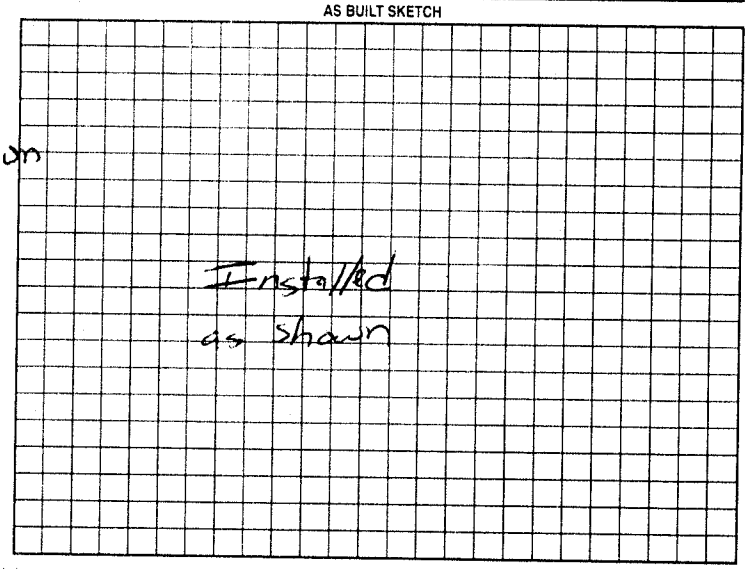
Comments/Conditions: Tie New tank into Existing Line add 2 Lines 40ft

Comments/Conditions: Rules need to be applied

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: Bill Ball date _____

Improvement Permit by: Mark C. Outz RS date 3-18-99

Authorization to Construct by: Mark C. Outz RS date 3-18-99

Installed by: Forest Stafford

Operation Permit by: Mark C. Outz RS date 3-19-99

Existing System Inspection by: _____ date _____

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