IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 208431

APPLICANT: Robert Campbell

PIN # 4742782695

SITE ADDRESS: 2622 Amity Hill Rd.

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SITE DIRECTIONS: Hwy 215 TL Amity Hill Rd. Property on Right.

PHONE: 704-929-1113 ALT. PHONE: N/A

SUBDIVISION: N/A

SECTION: N/A LOT # N/A LOT AREA: 4.83 acres DESIGN FLOW: 480 gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

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

System Description: Conventional bed

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

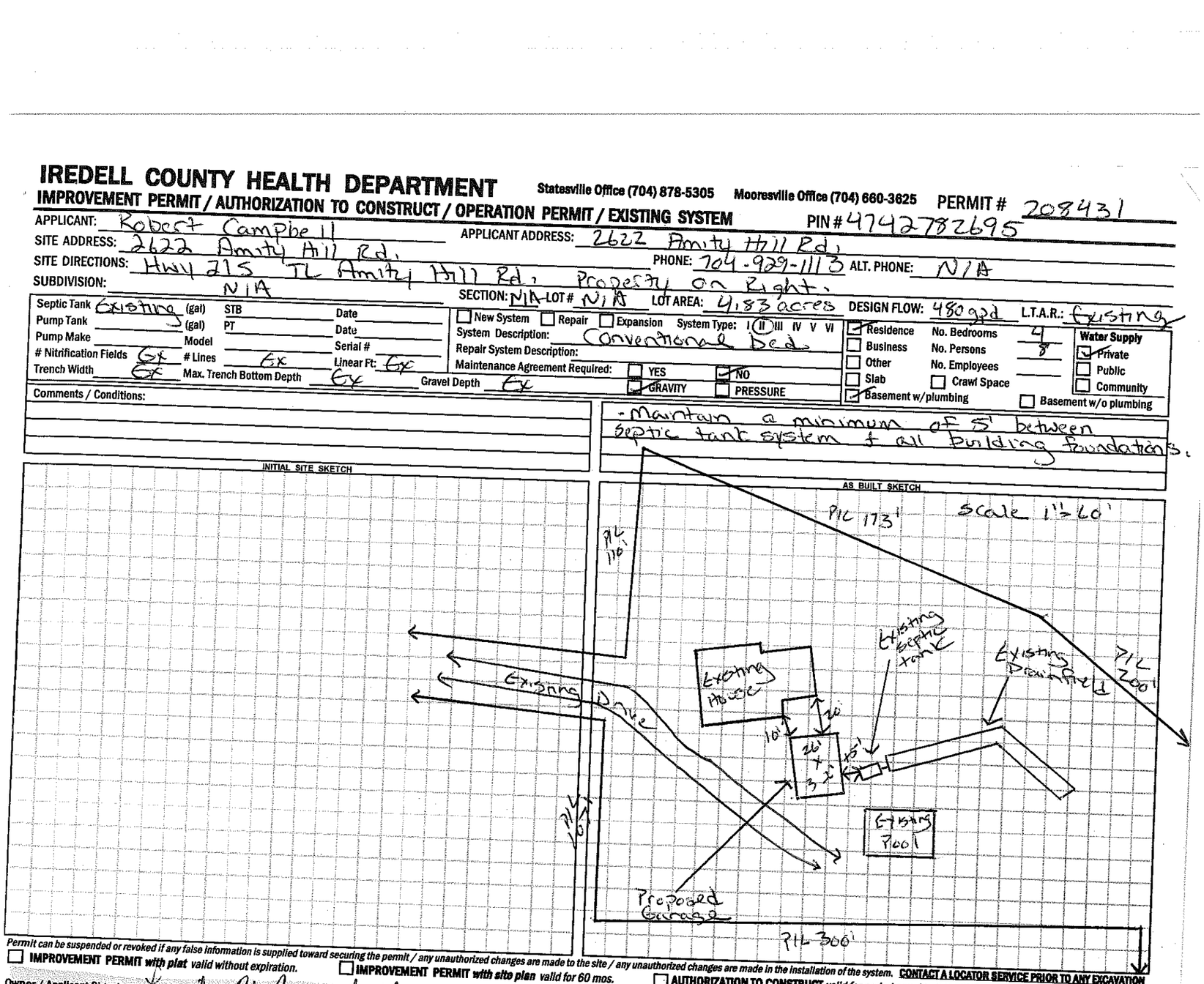
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

- Maintain a minimum of 5' between septic tank system & all building foundations.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Linda A. Campbell Date: 3/2/15

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date: 3-2-15

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert A. Campbell DATE 10-11-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 S TR on Amity Hill Rd go 1/10 mi house on left off Rd. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

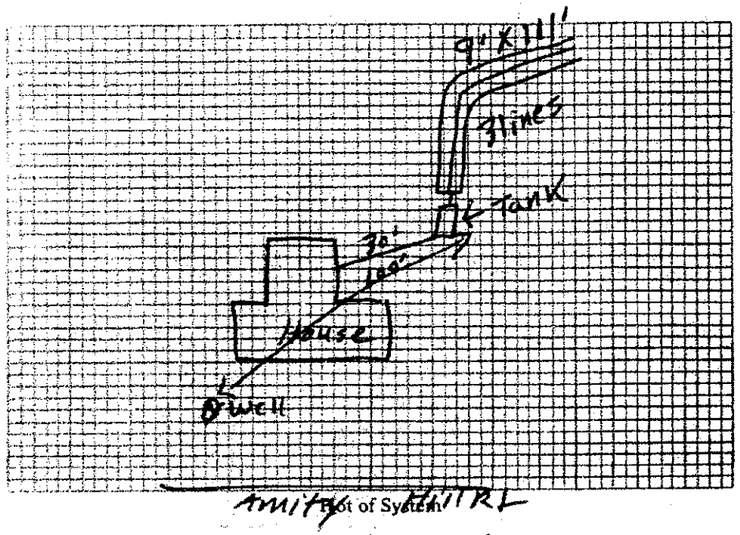
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Cecil clay
Percolation Rate 20 min/inch
Topography 2 to 10 %
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area acreage



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1000 Linear Ft. 333
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Harlee Lackey

IMPROVEMENTS PERMIT BY Andrew Causey

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 10-11-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold