IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131707 PIN# 4743005398

OWNER OR APPLICANT Jeffrey Hagar DATE 12-6-07

ADDRESS 267 Arlie Loop PHONE: Business _____ Home 704 902 0148

LOCATION 267 Arlie Loop

SUBDIVISION n/a BLOCK / SECTION _____ LOT _____ LOT AREA 5.3 SITE CLASS. Ex. DESIGN FLOW 360 L.T.A.R. Ex.

Septic Tank: 1000 Gallons: ST8 _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields Ex Square Feet Ex Linear Feet Ex

No Lines Ex. Trench Width Ex. Max Trench Bottom Depth Ex. Gravel Depth _____

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

System Description: Existing

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

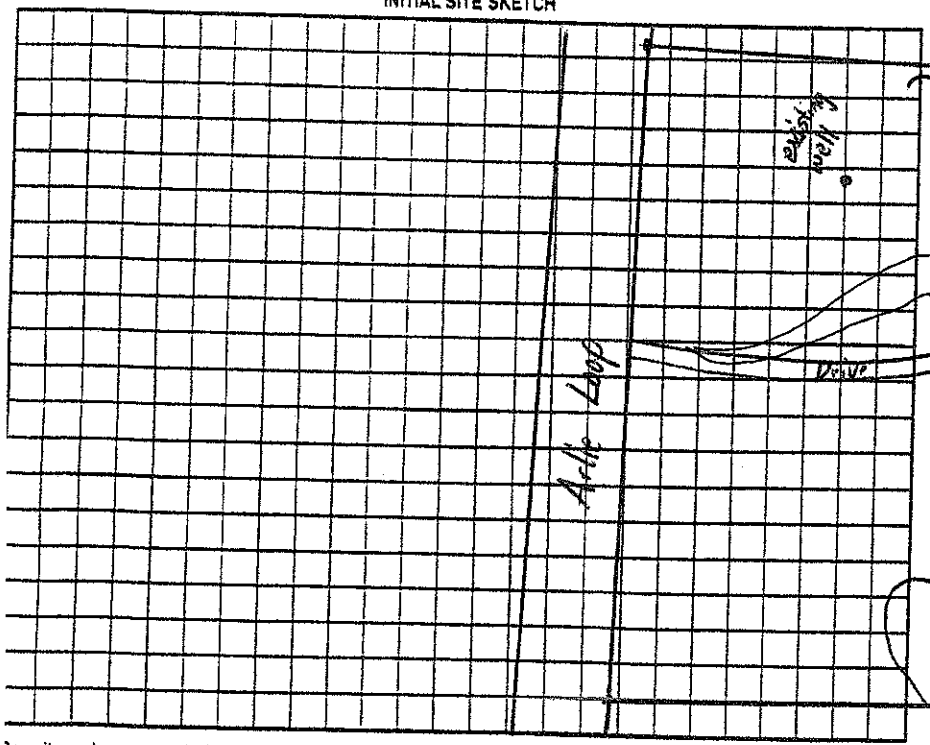
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

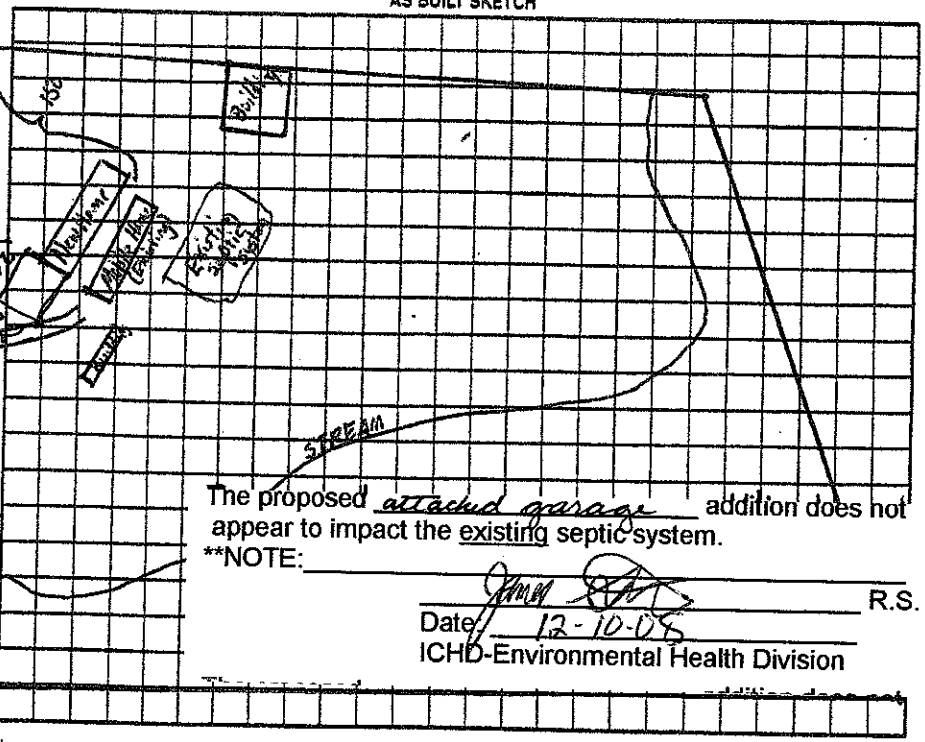
Comments:/Conditions:

Old Home to be removed from site

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed attached garage addition does not appear to impact the existing septic system.

**NOTE: _____

R.S.

Date 12-10-07

ICHD-Environmental Health Division

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: Jeffrey T Hagar date 12-7-07

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: _____ date 12-6-07

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