IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 2-19-99

OWNER OR CONTRACTOR Brian Hall PHONE: Business _____ Home 876 1764

ADDRESS 483 Whites Fm Rd Sta N.C. 28625

LOCATION US 21 To Shoemaker To Whites Fm on left Past Castle Creek Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1/2 acre SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Ex. Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: _____

Repair System Description: Gravity/25% Red.

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

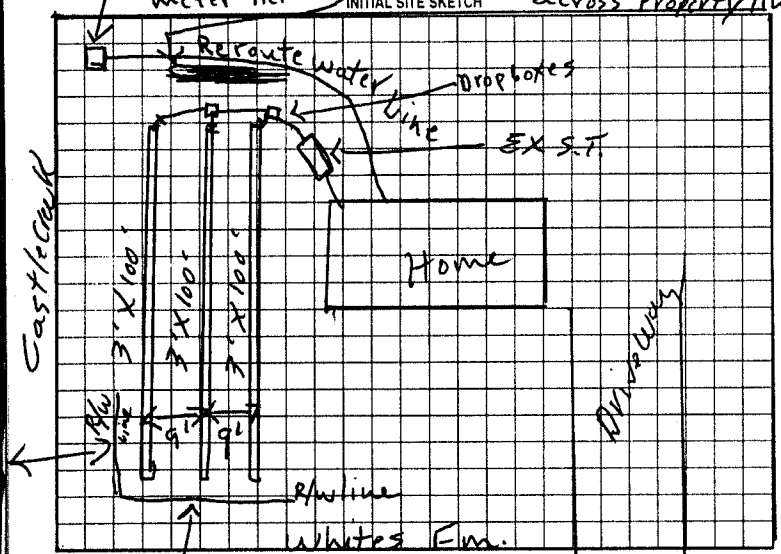
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

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Replacing Existing Drain lines
That will be cut off They Run on
lot Next door.

INITIAL SITE SKETCH



AS BUILT SKETCH

Note: Lines are deeper near ends

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: X Brian W. Hall date 2-19-99 Installed by: James Hyder

Improvement Permit by: P.C. Moore date 2-19-99 Operation Permit by: Mark C. Outlaw date 3-30-99

Authorization to Construct by: P.C. Moore date 2-19-99 Existing System Inspection by: _____ date _____

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