IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # Repair PIN # 4747335032 DATE ~~1-4-10~~ 1-6-10

OWNER or APPLICANT Gary Alan & Wanda Hawks PHONE: Business Home:

OWNER or APPLICANT ADDRESS 184 Foxglove Dr. Statesville, NC

LOCATION / DIRECTIONS

SUBDIVISION Grayston Meadow BLOCK / SECTION LOT # 17 LOT AREA 1 DESIGN FLOW Ex L.T.A.R. Ex

Septic Tank 1000 Gallons: STB 1012 Date 5-13-09

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields Ex No Lines Ex Linear Feet 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:

Repair System Description: Tank only - existing lines

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

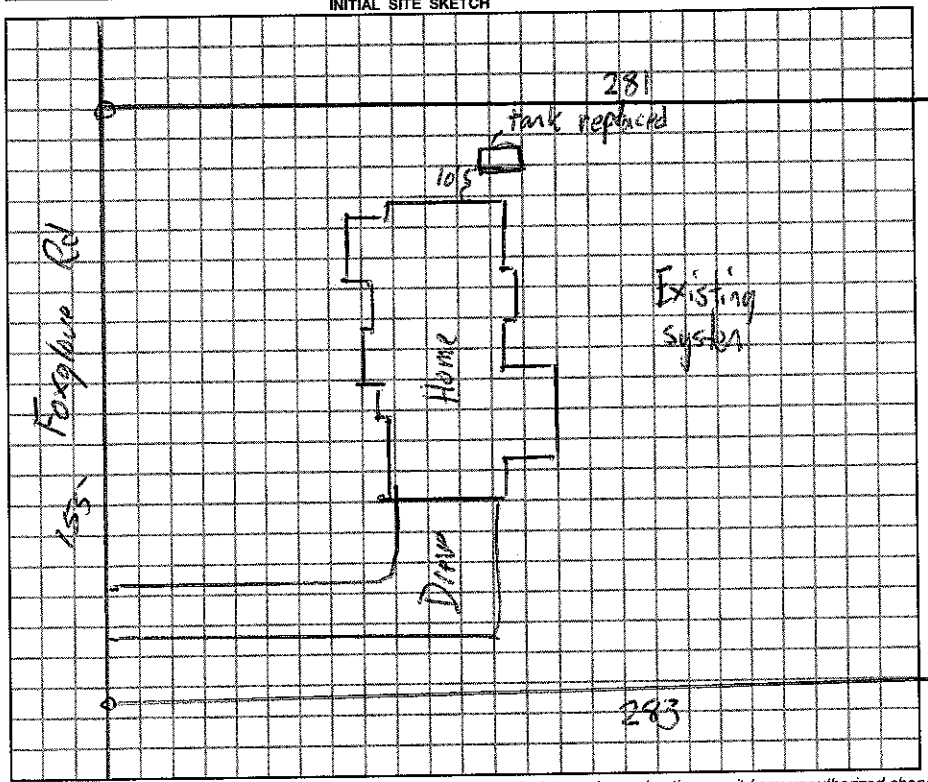
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

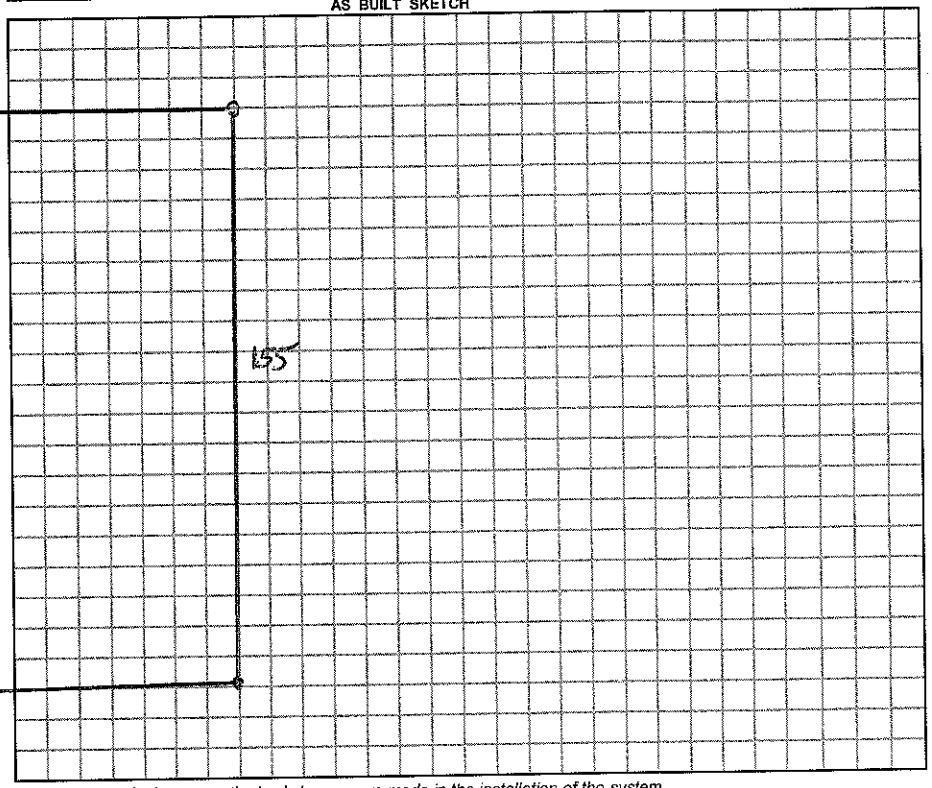
Comments / Conditions

Comments / Conditions

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

Owner / Applicant Signature: Thomas Fuge Date 1-6-09

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Tommy Fuge

Operation Permit by: James Date: 1-6-09

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant