IREDELL COUNTY HEALTH DEPARTMENT

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

CV

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

PERMIT# 129774 PIN# 4747569071 DATE 7-13-05

OWNER OR CONTRACTOR Lee Hoots PHONE: Business 704-682-8399 Home 704-539-4862

ADDRESS 385 Bassett Rd., Olin 28660

LOCATION Hwy 21 N, TL Shumaker Dr. TR Donsdale, on right

SUBDIVISION Donsdale BLOCK / SECTION I LOT 58 LOT AREA .665 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 700 Date 7-19-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 4 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: 25% reduction
Repair System Description: 25 or 50% reduction
Maintenance Agreement Required: ☐ Yes ☒ No

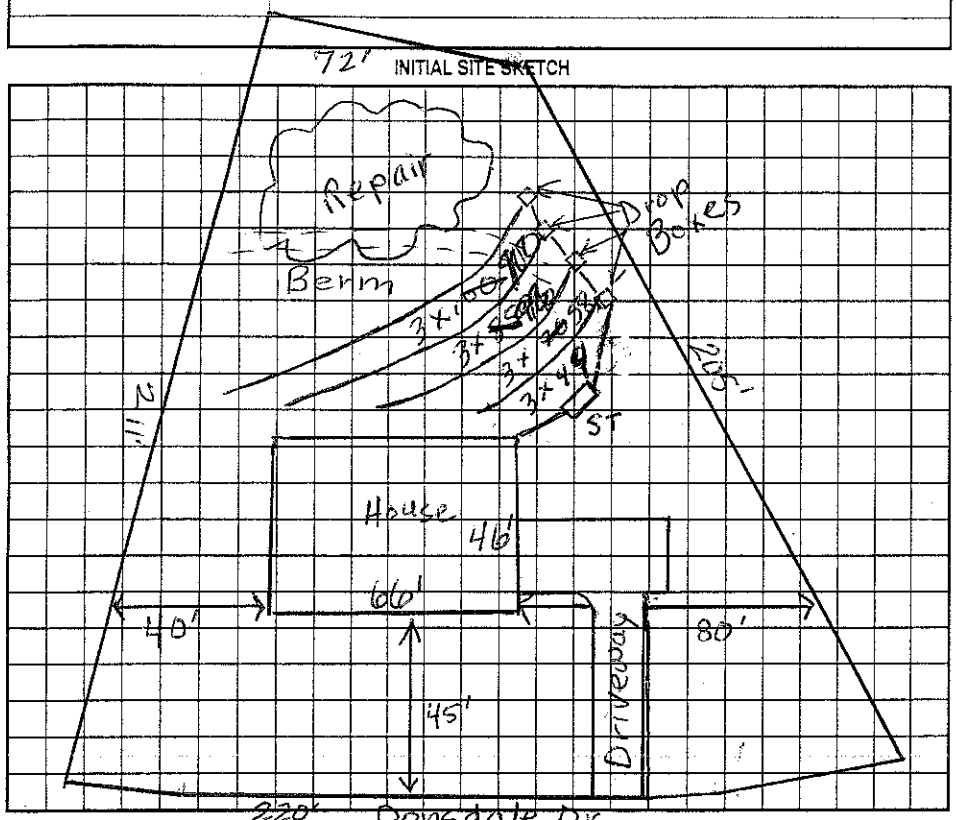
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: Smooth Berm even with contour

Comments:/Conditions: Red Polylock filter installed Septic tank marker installed

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: Lee Hoots date 7-19-05
Installed by: Brent Gallopher
Improvement Permit by: Judy Melville date 7-13-05
Operation Permit by: Keef Cox date 11-4-05
Authorization to Construct by: Judy Melville date 7-13-05
Existing System Inspection by: ____ date ____

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