This permit void permit dated 11-21-96

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~25440~~ 82984 PIN# 4747 76 9898 DATE 6-28-99

OWNER OR CONTRACTOR Tim Dempsey PHONE: Business ______ Home 876-6127

ADDRESS PO Box 1801 Statesville

LOCATION 21 N T L Jennings Rd TR Blackwelder ~600 Ft on (R)

SUBDIVISION Moores Estates BLOCK / SECTION ______ LOT 1 LOT AREA 1 Acres SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 1012 Date 8-16-99

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields 1 Square Feet 1700 Linear Feet 400

No Lines 4 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: Gravity Conventional

Repair System Description: Pump ~~chamber~~ 25% Reduction

Maintenance Agreement Required: [ ] Yes [ ] No

[X] House/Mod. Home [ ] Mobile Home [ ] Business [ ] Other ______

No. Bedrooms 3 No. Bathrooms 2 No. Employees ______

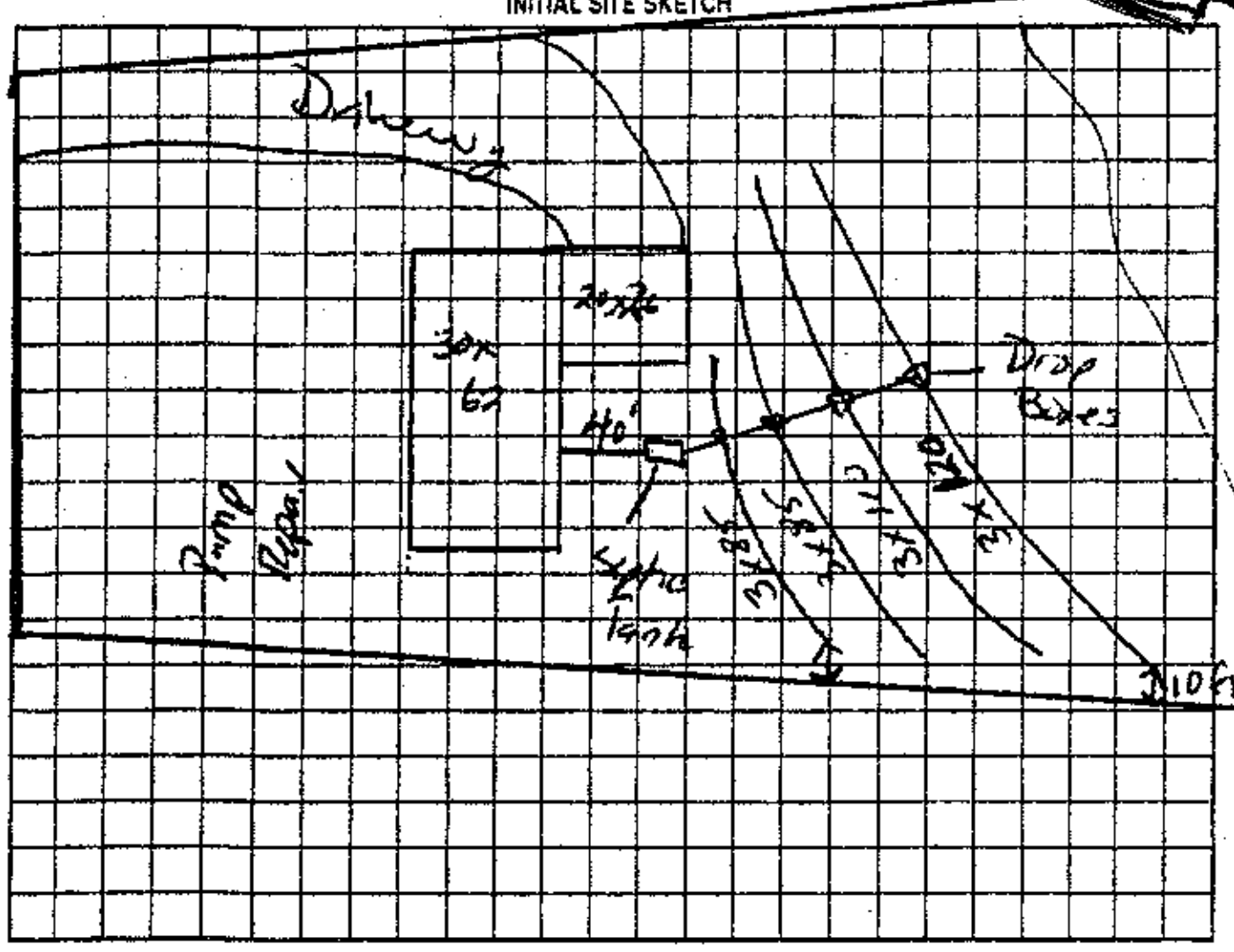
Water Supply: [ ] Individual [X] Public [ ] Community

[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions: Install 4 lines on contours

Comments/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch

Gully

Location of the proposed GAZEBO **addition does not appear to impact the existing on-site septic system.**NOTE:** KEEP MIN. 5' FROM SYSTEM

R. STEVE HEDRICK **REHS**

Date: AUG 15, 2011

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: Kym Dempsey date ______ Installed by: David Yountz

Improvement Permit by: [signature] RS date 6-28-99 Operation Permit by: L. C. Moore date 10-27-99

Authorization to Construct by: [signature] RS date 6-28-99 Existing System Inspection by: ______ date ______

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