3:00

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 1-19-99

OWNER OR CONTRACTOR O.W. Holt PHONE: Business _____ Home 876-3922

ADDRESS 159 Reeves Rd Sta N.C.

LOCATION 21N TL ~~Blackwelder~~ TR Reeves Rd 2nd house left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT acreage LOT AREA _____ SITE CLASS PS DESIGN FLOW 240 L.T.A.R. .35 - .4

Septic Tank: Ex. Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 180

No Lines 2 Trench Width 72" Max Trench Bottom Depth 48" Gravel Depth 18"

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

System Description: _____

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ ~~House/Mod.~~ Home No. Bedrooms 2

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

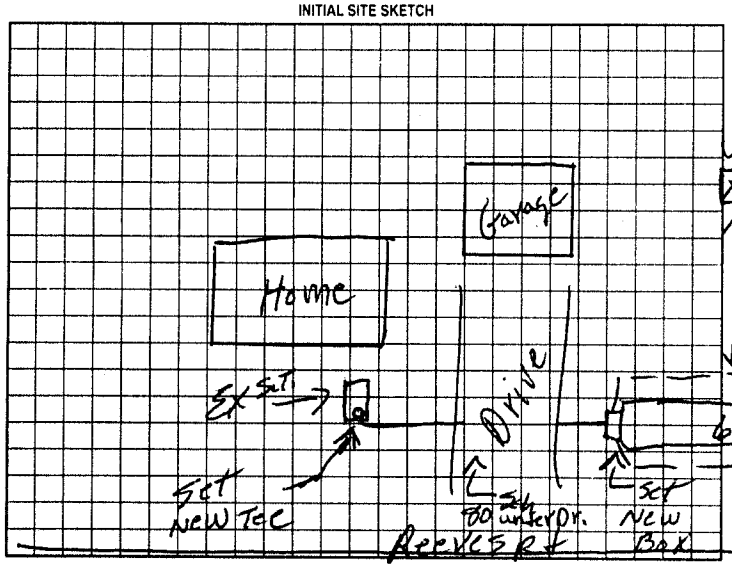
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

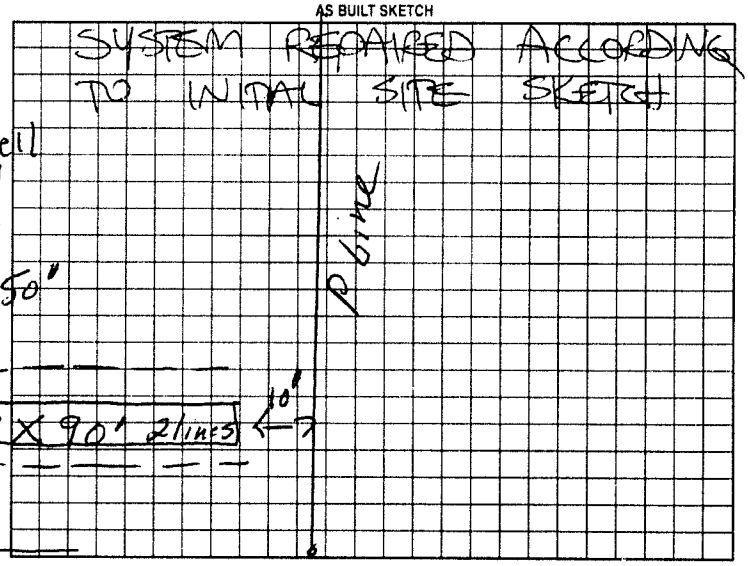
Comments/Conditions: SEPTIC TANK LESS THAN 1000 GAL S.T. PUMPED 2-9-99

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: X O.W. Holt date _____ Installed by: JAMES HYDER

Improvement Permit by: R.C. Moore date 1-19-99 Operation Permit by: STEVE HEDRICK date 2-9-99

Authorization to Construct by: R.C. Moore date 1-19-99 Existing System Inspection by: _____ date _____

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