IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 092656 PIN# 4747986142 DATE Nov. 8, 2000

OWNER OR CONTRACTOR Namon Howard Hare PHONE: Business 873-1792/wk 592-2457 Home

ADDRESS 212 Mueller Cir Apt. H Statesville

LOCATION 2 N. TL Jennings Road TR Reeves Rd TL Millstone on left

SUBDIVISION Ambleside BLOCK / SECTION LOT 7 LOT AREA 110' x 241± SITE CLASS PS DESIGN FLOW 360gal L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 10-8-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 @ 100 Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: Gravity Conventional
Repair System Description: Gravity pumped Innovative
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees
☐ Other

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

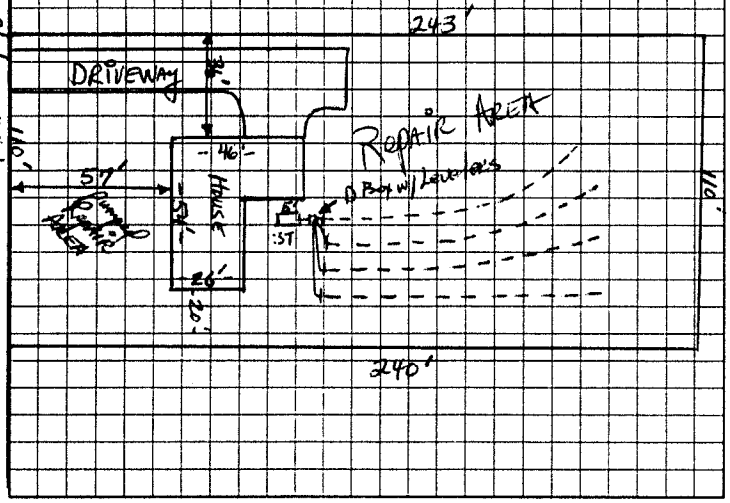
Water Supply: ☐ Individual ☑ Public ☐ Community

Comments/Conditions:

Comments/Conditions:
- Poly lok filter Installed
- Pump Riser Installed

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as per 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: Namon Howard Hare date 11-9-00

Improvement Permit by: William O. Johnson RS date 11-8-00

Authorization to Construct by: William O. Johnson RS date 11-8-00

Installed by: David Younts Grading

Operation Permit by: William O. Johnson RSI date 4-19-01

Existing System Inspection by: date

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