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# 4751-19-8508 DATE 1-14-02

OWNER OR CONTRACTOR GINA & CHARLES LANE PHONE: Business _____ Home (704) 878-6686

ADDRESS 3156 AMITY HILL ROAD, STATESVILLE, NC 28677

LOCATION I-77 S, TL AMITY HILL ROAD, CROSS CREEK, 0.25 MILE ON RIGHT, BACK OFF ROAD

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21.53 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No _____

Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140

No Lines ONE Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☑ Repair System Type: I (II) III IV V VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required ☐ Yes ☑ No

Gravel Depth 18" ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees ____

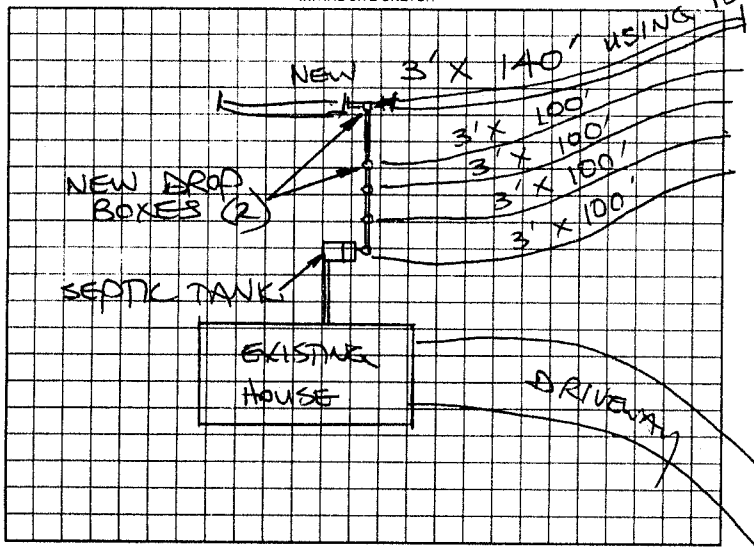
☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments /Conditions: THIS PERMIT SERVES AS "NOTICE OF VIOLATION" SYSTEM TO BE REPAIRED BY 2-15-2002

Comments /Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITAL 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: _____ date 1-14-02 Installed by: A-1 BACK HOE

Improvement Permit by: STEVE HEDRICK date 1-14-02 Operation Permit by: STEVE HEDRICK date 2-15-02

Authorization to Construct by: STEVE HEDRICK date 1-14-02 Existing System Inspection by: _____ date _____

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