2:30 #6446

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25453 DATE 11-12-96 TAX MAP NO. 5M5A-79 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Tim Hamby PHONE: Business _____ Home 872-0825

ADDRESS 706 Old Mocksville Hwy

LOCATION 70E TR Shiloh Ch Rd TL Seven Oaks Ln on left

SUBDIVISION Beaver Fm BLOCK / SECTION _____ LOT 79 LOT AREA 30,000 SF SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1012 Date 10-25-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: conv. Gravity

Repair System Description: Gravity Chambers

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 1½

☐ Business No. Employees ____

☐ Other _____

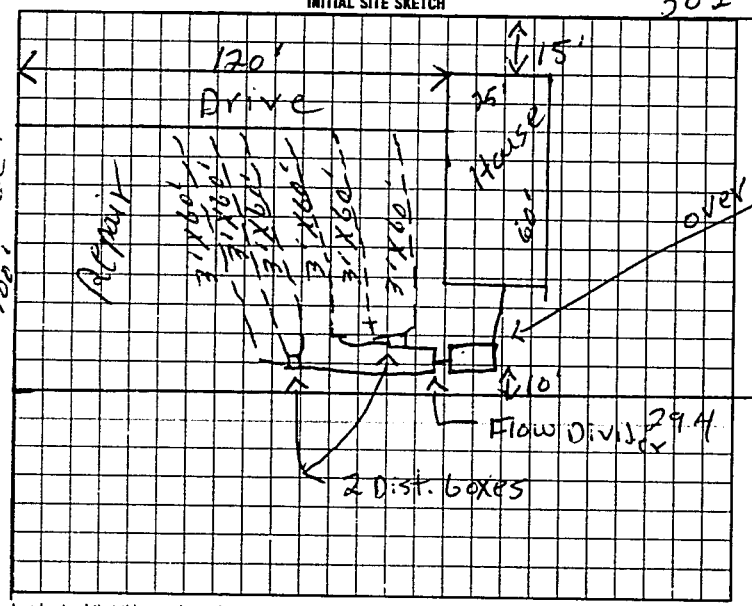
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

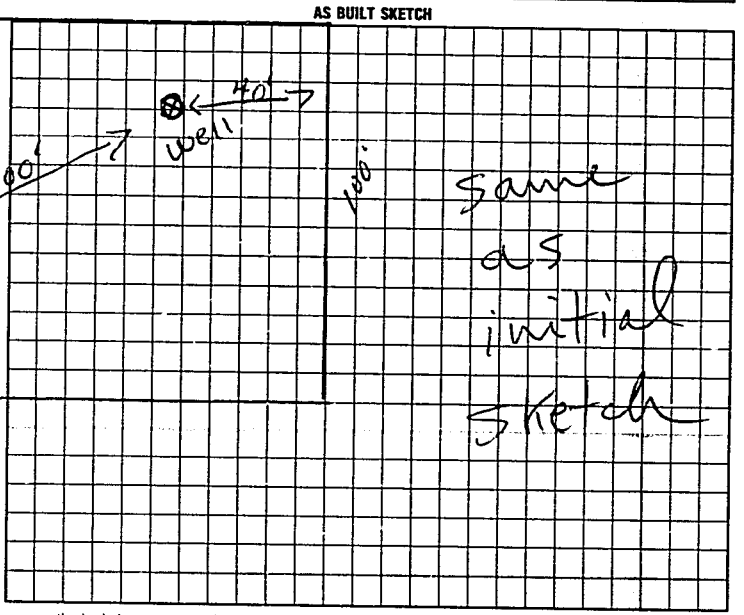
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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.

Signed: Tim Hamby

Improvement Permit by: C. C. Moore date 11-12-96

Existing System Inspection by: C. C. Moore date 11-12-96

Installed by: Donald Lackey

Certificate of Completion by: _____ date _____

Operation Permit by: C. C. Moore date 2-17-97

authorization to count

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

to count. authorization to count EXPIRES 60 mos FROM ISSUE

8160000