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. 25452 DATE 11-12-96 TAX MAP NO. 5M-5-A-78 Watershed: ☐ Yes ☑ No

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

ADDRESS 906 Old Mocksville Rd

LOCATION 70E TR Shiloh Ch Rd TL Seven oaks 1/8 mi left

SUBDIVISION Beaver Fm BLOCK / SECTION ______ LOT 78 LOT AREA 29000 sq' SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .33

Septic Tank: 1000 Gallons; STB 1012 Date 11-27-96

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: Pump to Panels

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 1 1/2 No. Employees ______

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

Water Supply: ☑ Individual ☐ Community ☐ Public

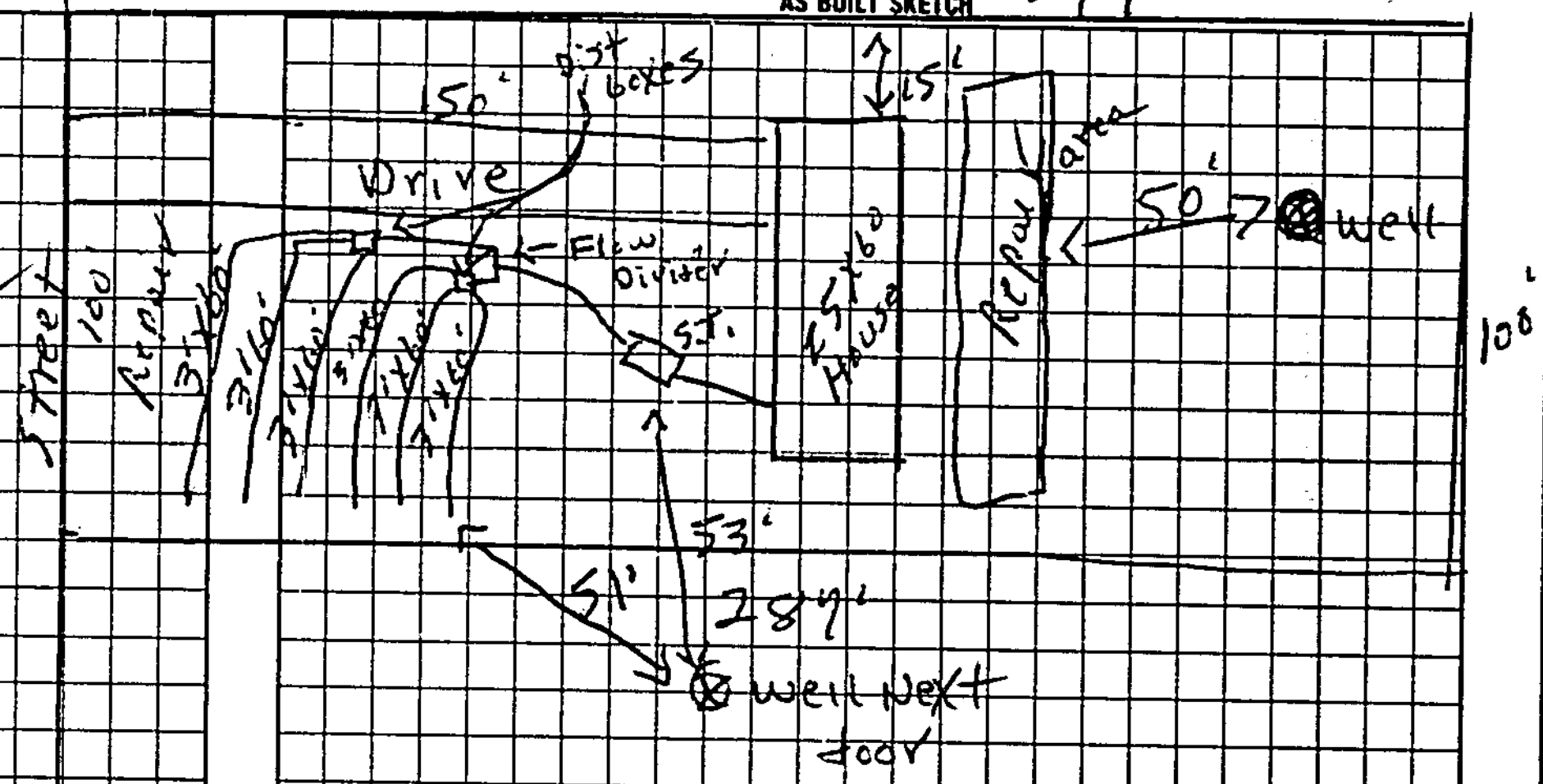
Comments:

Comments:

INITIAL SITE SKETCH

See attached sheet for initial 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: ______

Installed by: Donalt Lackey

Improvement Permit by: ______ date ______

Certificate of Completion by: ______ date ______

Existing System Inspection by: ______ date ______

Operation Permit by: E.C. Moore date 3-17-97

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

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