IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107649 PIN# 4756-32-5646 DATE 6725-02

OWNER OR CONTRACTOR HAYDEN B HAMBY PHONE: Business _____ Home 704-872-0825

ADDRESS 906 OLD MOCKSVILLE RD STATESVILLE NC 28625

LOCATION 21 N, ② JANE SOWERS, ② CRAWFORD, ① BROOKVIEW, ② NATAWEST, 5th ON RT LOT # 7

SUBDIVISION SUMMERLAND ACRES BLOCK / SECTION _____ LOT 7 LOT AREA 1.509 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .13

Septic Tank: 1000 Gallons; STB 1007 Date 5-30-03
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 4 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 GRAV
Repair System Description: LP PANEL
Maintenance Agreement Required: ☐ Yes ☒ No

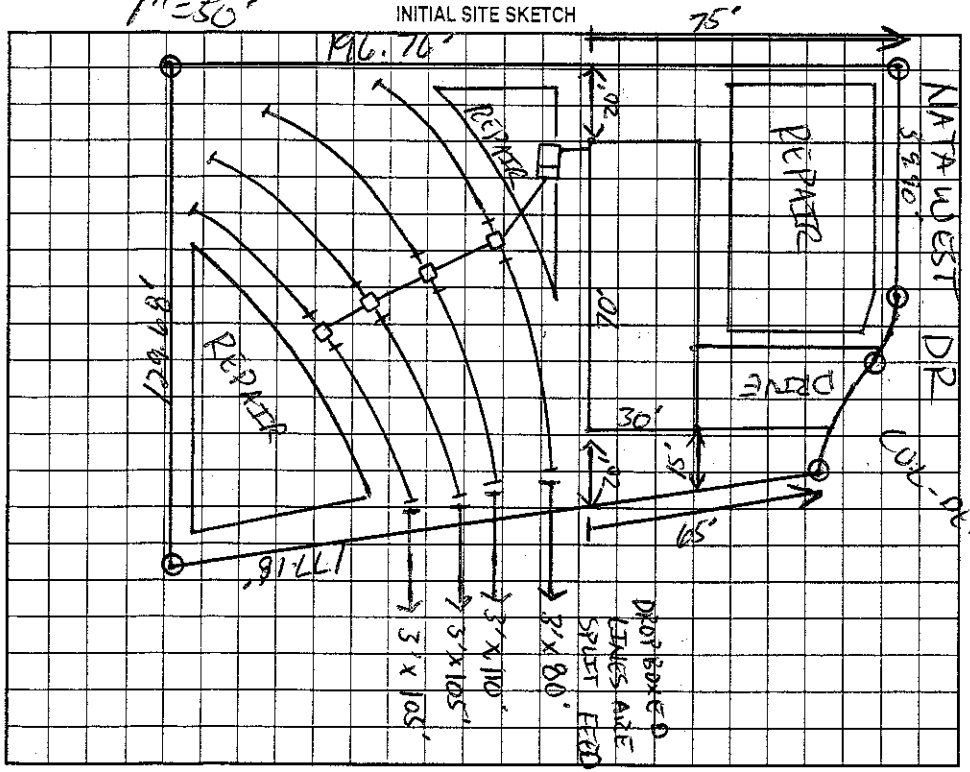
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

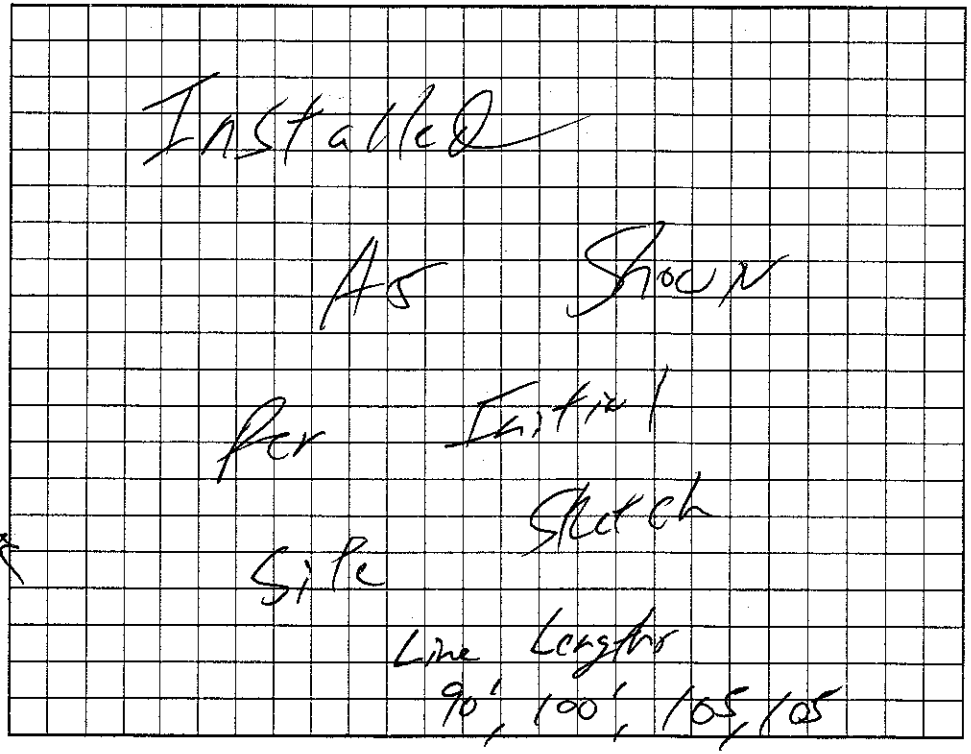
Comments:/Conditions: ① MAINTAIN SETBACKS ② INSTALL LINES ON CONTOURS.

Comments:/Conditions: -polylok filter FST Marker Installed

INITIAL SITE SKETCH



AS BUILT 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: Hayden Hamby Jr date 7-31-02
Improvement Permit by: Jim Cash RS date 0725-02
Authorization to Construct by: Jim Cash RS date 07-25-02

Installed by: Tommy Cobren & Son
Operation Permit by: William O. Johnson date 7/28/03
Existing System Inspection by: _____ date _____

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