IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 129052 PIN# 4756-~~36~~ 6420-003 465000 DATE 7-29-05

OWNER OR CONTRACTOR HAYDEN B. HAMBY, JR PHONE: Business 704-902-8466 Home 704-872-0825

ADDRESS 906 OLD MOCKSVILLE ROAD, STATESVILLE, NC 28625

LOCATION US 21 N, TR JANE SOWERS ROAD, LOT ON LEFT ACROSS FROM DONNA LANE

SUBDIVISION BELLA TERRACE BLOCK / SECTION 1 LOT 3 LOT AREA 0.664 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB ~~2 COMPT~~ Date 2-17-04

Pump Tank: _____ Gallons; PT 1000 Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet ~~600~~ TO 1200 Linear Feet 300

No Lines FIVE Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System ☐ Initial ☐ II ☐ III ☐ IV ☐ V ☐ VI

System Description: ~~CONVENTIONAL~~ GRAVITY

Repair System Description: 50% REDUCTION, LOW PRESSURE

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms ____

☐ Business No. Employees ____

☐ Other

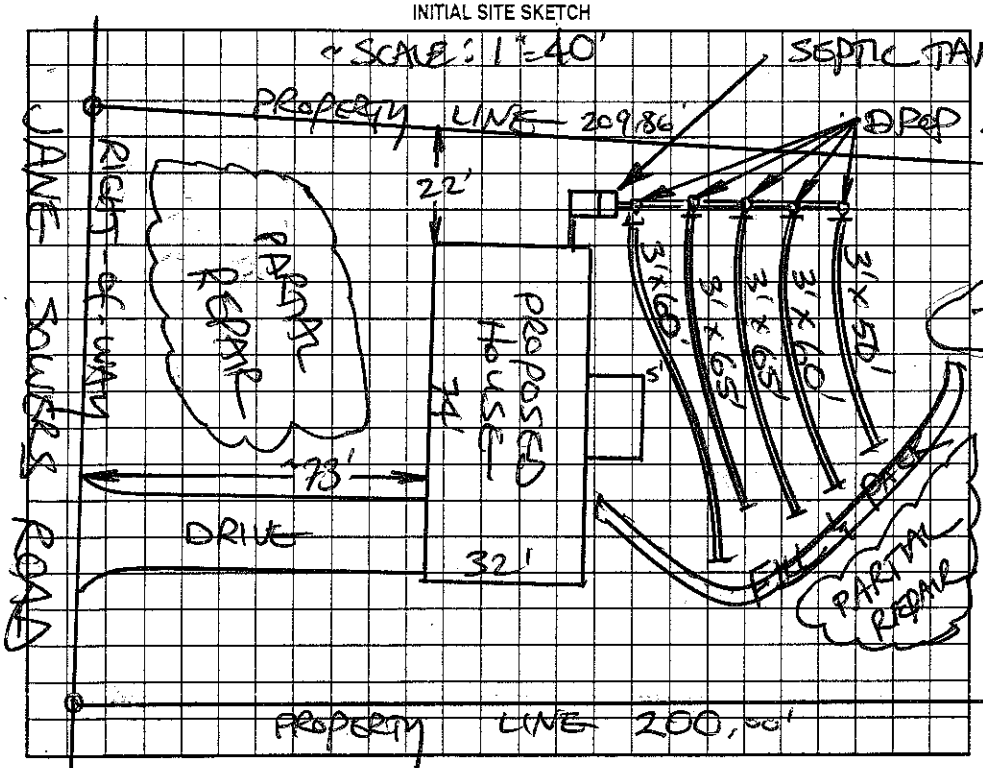
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☒ Public ☐ Community

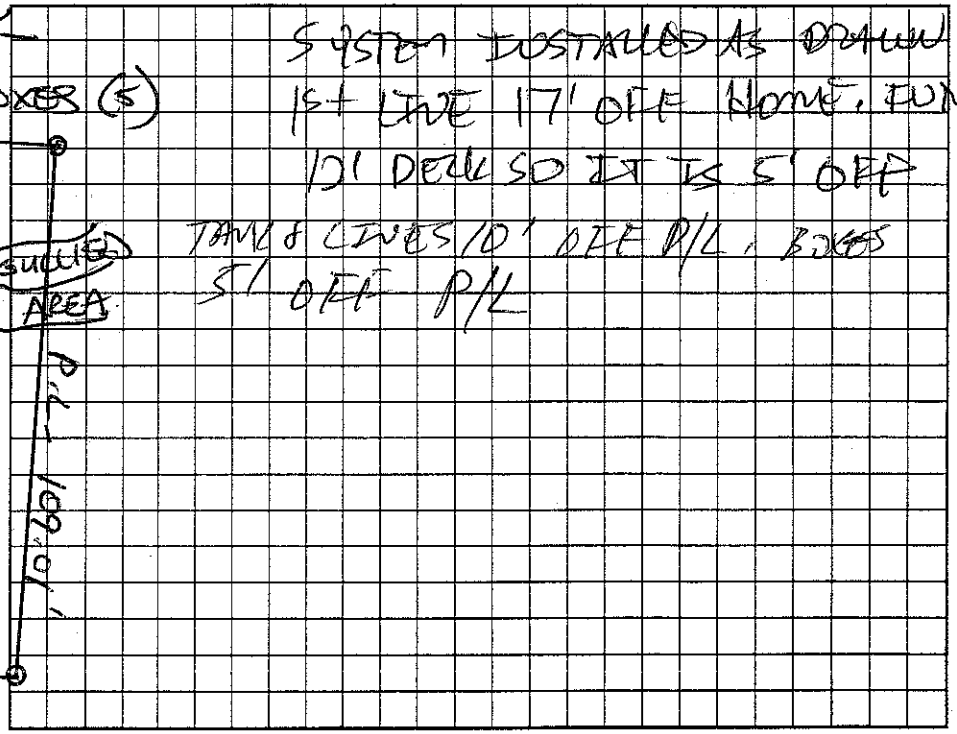
Comments:/Conditions ① FILL AND PACK EXISTING DRAINAGEWAY ② INSTALL 25% REDUCTION SYSTEM AS SHOWN NO CLOSER THAN 6 FEET TO EXISTING DRAINAGEWAY

Comments:/Conditions: CASEY Eilts + MARCOM

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 7-29-05 Installed by: Tommy 60 Min

Improvement Permit by: STEVE HERRICK date 7-29-05 Operation Permit by: _____ date 4-12-06

Authorization to Construct by: STEVE HERRICK date 7-29-05 Existing System Inspection by: _____ date _____

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