IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146854 PIN# 4756466105 DATE 12-13-07

OWNER OR APPLICANT Hayden B. Hanby

ADDRESS 906 Old Mocksville RD Statesville NC 28625 PHONE: Business ______ Home 704-872-0825

LOCATION 21N (R) Jane Sowers lot on left

SUBDIVISION Bella Sera BLOCK / SECTION 1 LOT 2 LOT AREA .614 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1037 Date 5-5-08

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 1440 Linear Feet 360

No Lines 6 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth ______

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

System Description: 25% Gravity

Repair System Description: 50% low Press

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

No. Bedrooms 3 No. Persons ______ No. Employees ______

Water Supply: ☐ Individual ☑ Public ☐ Community

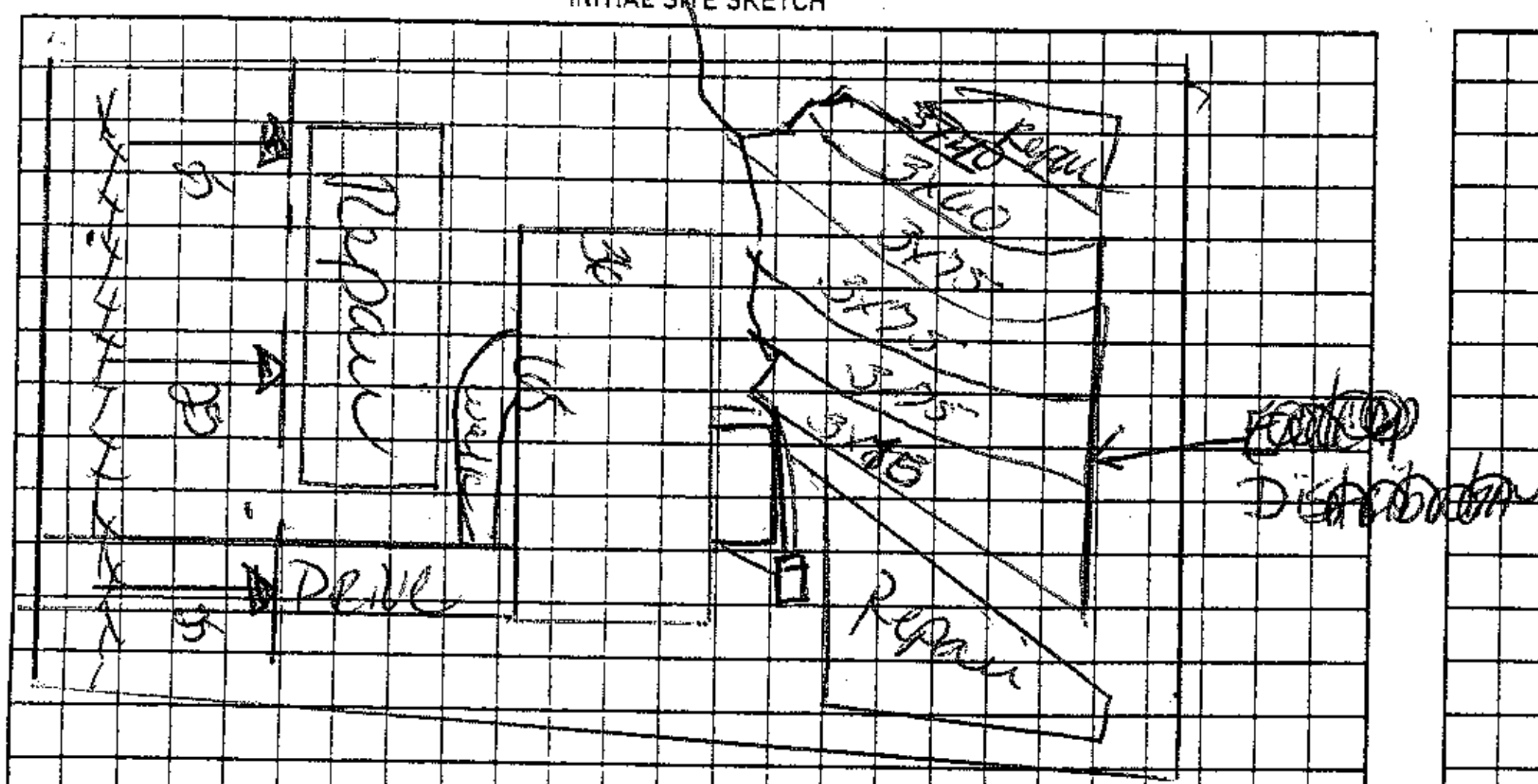
Comments:/Conditions:

End cap

Comments:/Conditions:

Install on contour
Maintain all setbacks
Screen Side walls

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 Hanby Jr date ______

Installed by: Tommy Cathey

Improvement Permit by: Keith Cook date 12-13-07

Operation Permit by: Keith Cook date 7-11-2008

Authorization to Construct by: Keith Cook date 12-13-07

Existing System Inspection by: ______ date ______

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