IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CT) MOORESVILLE 704-664-5281

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

PERMIT# 129050 PIN# 4756-04-06-2547 DATE 5-10-06

OWNER OR CONTRACTOR Hayden Hamby PHONE: Business 704-872-0825 Home

ADDRESS 902 Old Mocksville RD Statesville NC 28625

LOCATION 21N TO JANE Sowers Property on left

SUBDIVISION Bella Terra BLOCK / SECTION 1 LOT 1 LOT AREA .57 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1007 Date 9-7-06

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 36" Gravel Depth _____

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

System Description: 25% Red

Repair System Description: 28 Red

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

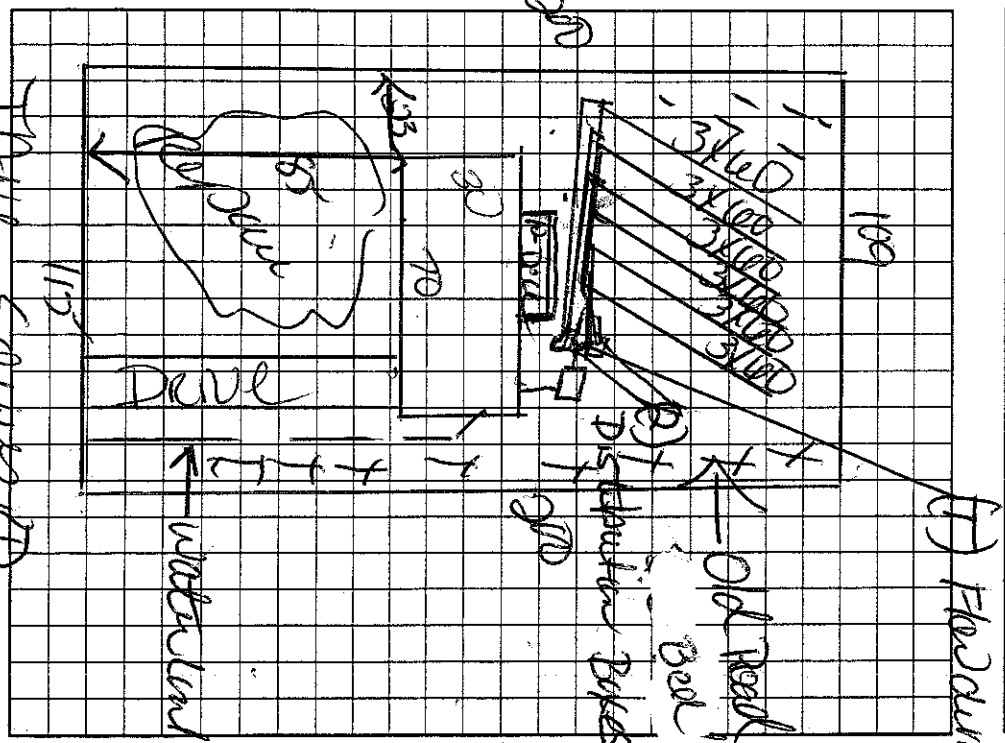
Comments/Conditions:

alarm on Contour
Maintain all setbacks

Comments/Conditions:

(1) flow divider - (2) distribution boxes - equal distribution (6) speed levels

INITIAL SITE SKETCH



AS BUILT SKETCH

(4 Screen Sides of trench)

Yellow Orange Power Cord
Septic tank Marker

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: _____ date 5-31-06 Installed by: Tommy Johnson

Improvement Permit by: Kelly Cook date 5-10-06 Operation Permit by: Kelly Cook date 10-19-06

Authorization to Construct by: Kelly Cook date 5-10-06 Existing System Inspection by: _____ date _____

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