IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# 4763-59-6742 cell DATE 4-29-03

OWNER OR CONTRACTOR ROBERT HOBBS PHONE: Business 704-437-2215 Home 704-878-6889

ADDRESS 216 BELLWOOD LOOP STATESVILLE, NC 28677

LOCATION 64 EAST, ® BELL FARM, ® BELLWOOD, ® AT BOX # 216

SUBDIVISION BELLWOOD BLOCK / SECTION _____ LOT 15 LOT AREA 100X210' SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: EXISTING Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet ~~110'~~ 80'

No Lines ~~2~~ 1 Trench Width 36 Max Trench Bottom Depth _____ Gravel Depth 24"

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

System Description: CONV 6CAN

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

☐ Other _____

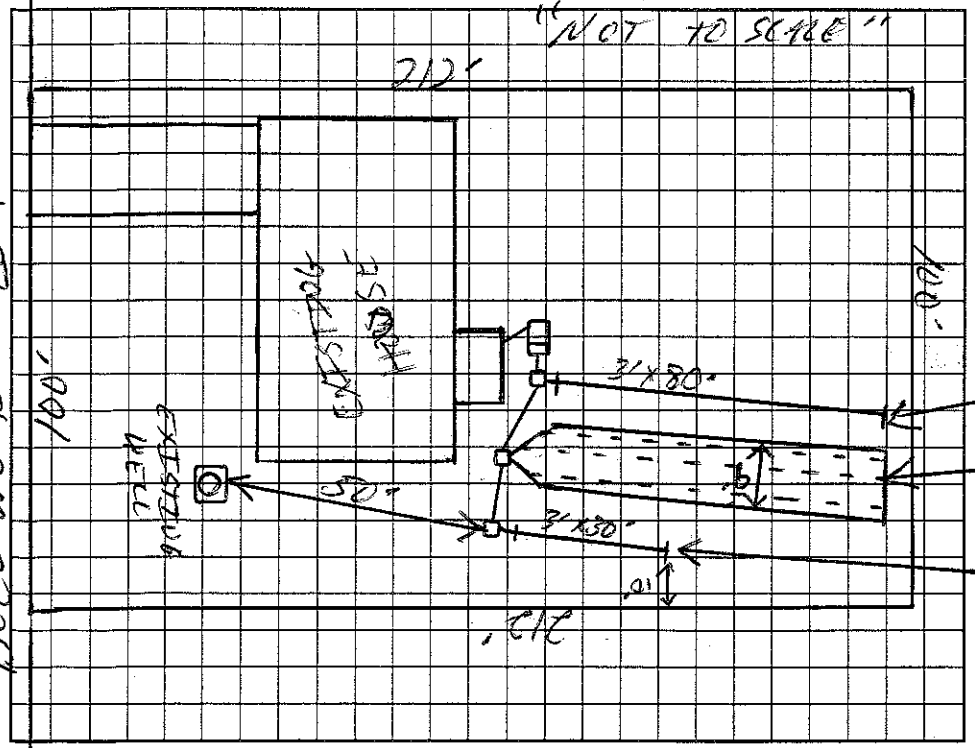
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community WELL

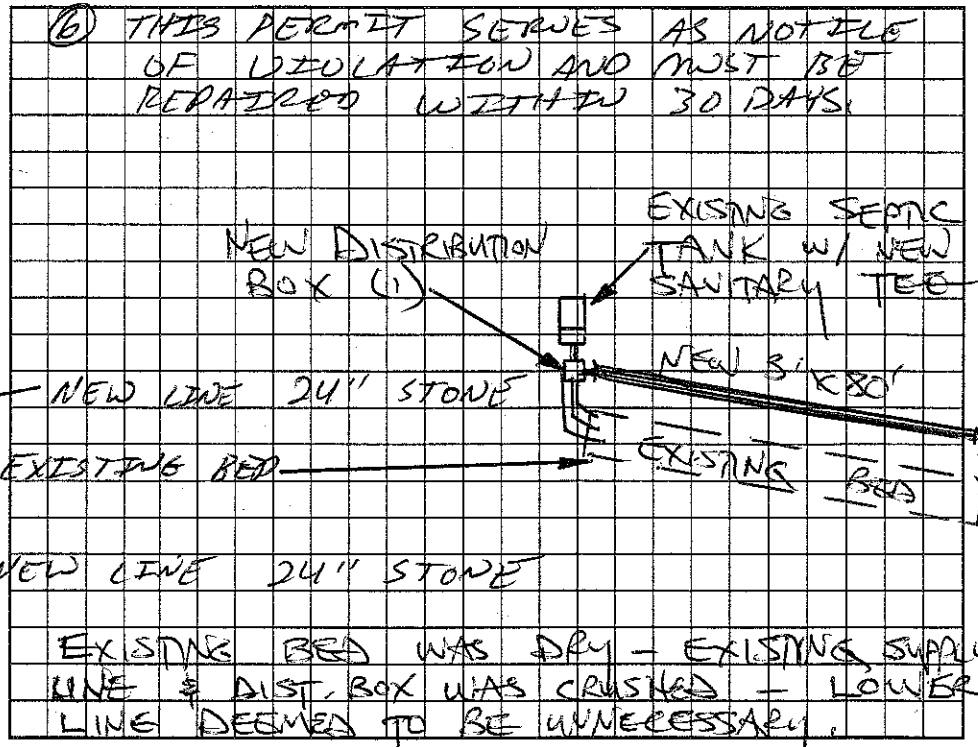
Comments:/Conditions: ① CALL PRIOR TO INSTALLATION FOR CONSULTATIVE VISIT ② NOTE GRAVEL DEPTH ③ USE DISTRIBUTION BOXES WITH SPEED LEVELERS ON EACH LINE TO LEVEL LINES

Comments:/Conditions: AS SHALLOW AS POSSIBLE. ④ MAKE SURE BOXES ARE SET WHERE LINES WILL BACK UP TO BOXES AND NOT BUST OUT OF GROUND. ⑤ MOVE GUTTER DRAIN AWAY FROM SEPTIC LINE.

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: _____ date 4-29-03 Installed by: ROBERT HOBBS

Improvement Permit by: _____ date 4-29-03 Operation Permit by: STEVE HENDRICK date 5-15-03

Authorization to Construct by: _____ date 4-29-03 Existing System Inspection by: _____ date _____

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