# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 106335 PIN# 4766-72-3835 704-876-6103 DATE 06-06-02

OWNER OR CONTRACTOR VALERIE HOBBS PHONE: Business 704-871-1100 Home 704-876-6103

ADDRESS 225 BROLE FARM RD STATESVILLE NC 28625

LOCATION 64 E, (L) OLD MOORESVILLE, (R) CHESTNUT, (R) 7 SPRINGS LOOP, LOT 73 ON LEFT

SUBDIVISION 7 SPRINGS BLOCK / SECTION ____ LOT 73 LOT AREA 1.32 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; 1012 Date 4-14-03
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480'
No Lines 4x120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI
System Description: CONV GRAV
Repair System Description: PUMP CONV
Maintenance Agreement Required: [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3
[ ] Mobile Home No. Bathrooms 2
[ ] Business No. Employees ____
[ ] Other ____

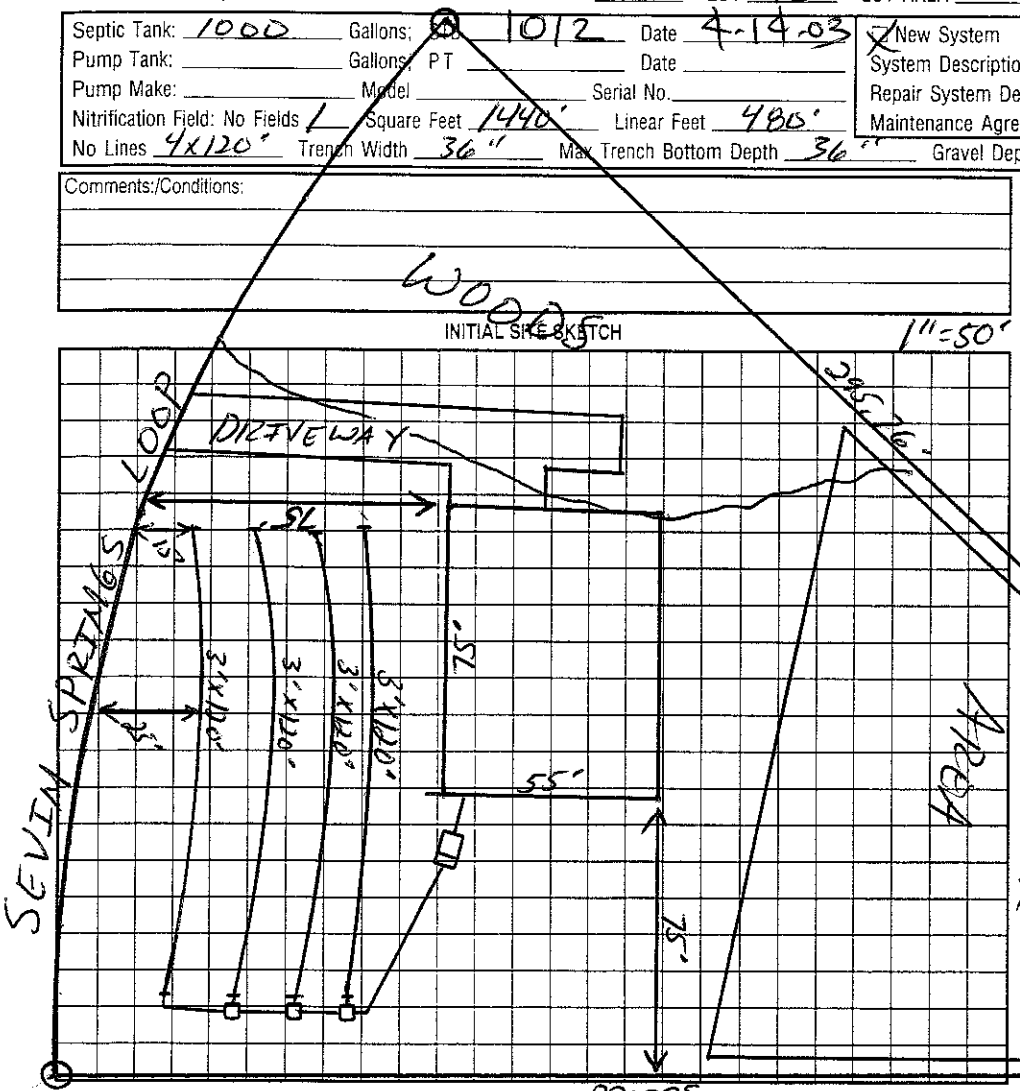
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Water Supply: [ ] Individual [X] Public [ ] Community

Comments/Conditions: WOODS

Comments/Conditions: (1) HOUSE & LINES FLAGGED OUT (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS (4) FLIP HOUSE PLANS WITH OWNERS PERMISSION;

INITIAL SITE SKETCH




AS BUILT SKETCH

SEPTIC TANK WITH MARKER INSTALLED USING "TUFFTITE" FILTER

SYSTEM INSTALLED ACCORDING TO INITAL SITE 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: Valerie A. Hobbs date 06-07-02 Installed by: DAVID YOUNTZ

Improvement Permit by: [signature] RS date 06-06-02 Operation Permit by: STEVE HEDRICK date 11-3-03

Authorization to Construct by: [signature] RS date 06-06-02 Existing System Inspection by: ____ date ____

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