# IREDELL COUNTY HEALTH DEPARTMENT

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

CI

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

PERMIT# 78713 PIN# 4766-73-0921 CELL # ANNY LOCKLEAR DATE 11-7-01

OWNER OR CONTRACTOR STEVEN + SHARON HOBBS PHONE: Business 704-902-4918 Home 704-838-0256

ADDRESS 125 KAY LANE STATESVILLE NC 28625

LOCATION OLD MOORESVILLE RD NORTH, ⓒ CHESTNUT GROVE, ⓒ 2nd 7 SPRINGS COURT, LOT 41 ON RT

SUBDIVISION 7 SPRINGS BLOCK / SECTION ____ LOT 41 LOT AREA .95 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 5-20-02

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'

No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair System Type: I (II) III, IV, V, VI

System Description: GRAV CONV

Repair System Description: GRAV CHAMBERS/PANEL

Maintenance Agreement Required: [ ] Yes [X] No

Gravel Depth 12"

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees ____

[ ] Other ____

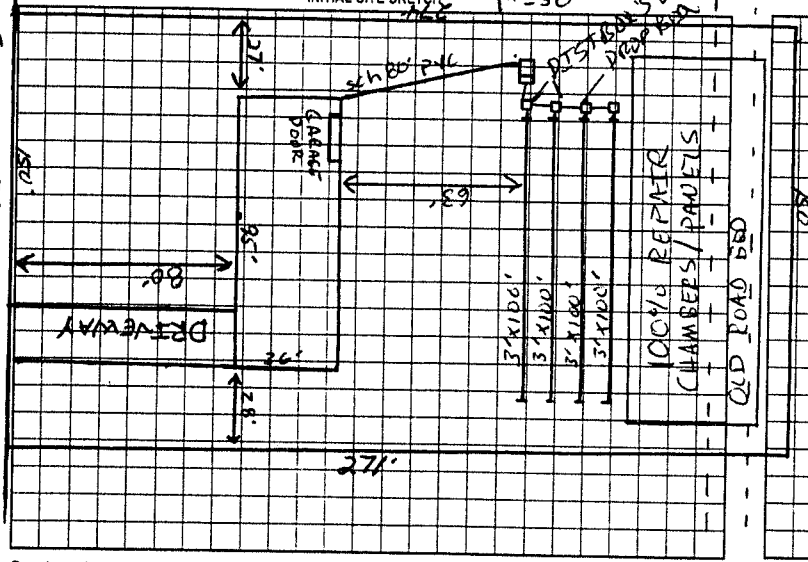
[ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments/Conditions: ① MAINTAIN SETBACKS ② INSTALL LINES ON CONTOUR ③ MAINTAIN BASEMENT DEPTH HIGH ENOUGH TO MAINTAIN A GRAVITY SYSTEM. IF BASEMENT IS CUT TO DEEP IT WILL BECOME A PUMP SYSTEM.

Comments/Conditions: ① INSTALLED DURING WET SOIL CONDITIONS. ② POLYLOK FILTER ANCHOR

INITIAL SITE SKETCH 1" = 50'




AS BUILT SKETCH

SEVEN SPRINGS LOOP

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: [signature] date 11-26-01

Improvement Permit by: [signature] date 11-7-01

Authorization to Construct by: [signature] date 11-7-01

Installed by: YOUNTZ GRADING

Operation Permit by: [signature] RS date 07-25-02

Existing System Inspection by: ____ date ____

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