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# DATE 4-29-99

OWNER OR CONTRACTOR Katie Garner / Bertha Davidson PHONE: Business Home 872-6583

ADDRESS 175 Hezikiah Lane

LOCATION 70 E TL Hezikiah at end Rt.

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1/2 acre + SITE CLASS. P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: ~~EZ~~ Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 690 Linear Feet 230

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity 2520 Reduction

Repair System Description:

Maintenance Agreement Required: Yes ~~No~~

House/Mod. Home No. Bedrooms 3

Mobile Home No. Bathrooms 1

Business No. Employees

Other

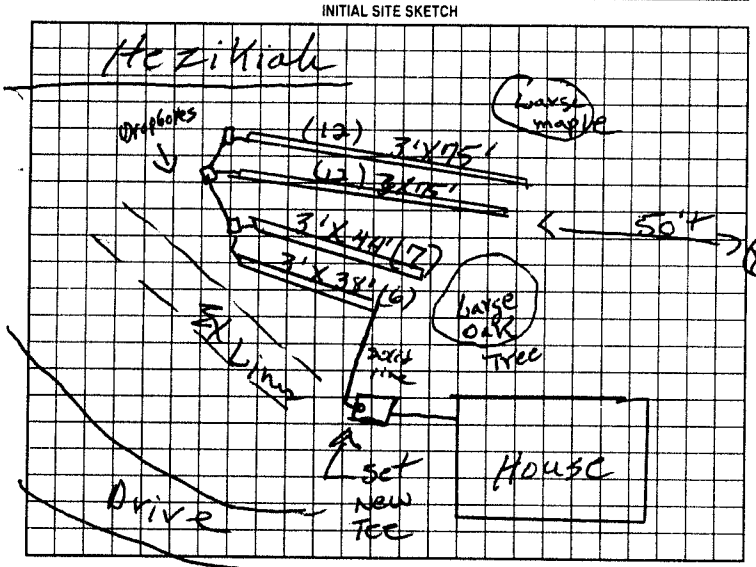
Slab ~~Crawl Space~~ Basement w/plumbing Basement wo/plumbing

Water Supply: ~~Individual~~ Public Community

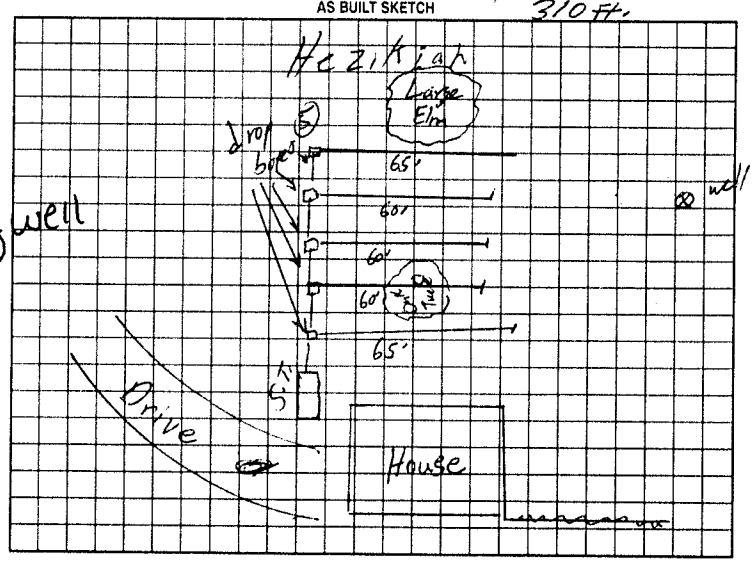
Comments/Conditions:

Comments/Conditions ON 10-16-01 I (LORNE COOK) WENT OUT & (HANKED) IT TO 4 x 60'. PREVIOUS DESIGN WOULD NOT BEEN FEASIBLE (12) I ALSO PUT DROP BOXES ON SOME SIDE. Replaced Tee, Installed Gravity, Conventional System of 310 ft.

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: Katie Garner via Bertha Davidson (Authorized Agent) date

Improvement Permit by: P. C. Moore date 4-29-99

Authorization to Construct by: P. C. Moore date 4-29-99

Installed by: Tommy Cuthbertson

Operation Permit by: Willie A. Johnson date 10/25/01

Existing System Inspection by: date

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