IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 89706 PIN# 4776 166 190

OWNER OR CONTRACTOR Early Hager PHONE: Business 876-3154 Home DATE 9/29/00

ADDRESS 524 Cove Gap Rd. Statesville NC 28625

LOCATION 64 E, L Rivercliff, L Darty, 3rd on Lt. 119 Darty Ln

SUBDIVISION Darby MHP BLOCK / SECTION — LOT 4 LOT AREA .34 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 ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

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

System Description: Existing

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

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

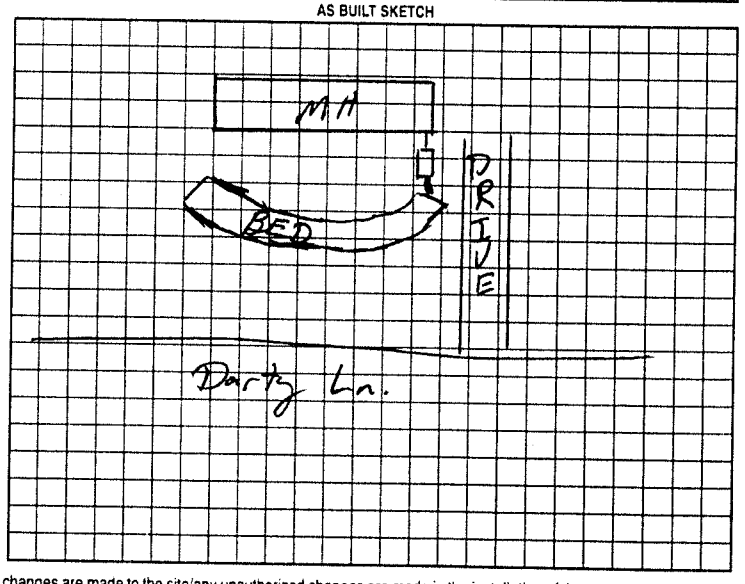
Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions:

Comments /Conditions.

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 ____

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: ____ date ____

Existing System Inspection by [signature] RSI date 9/29/00

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