IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE 6-22-99

OWNER OR CONTRACTOR JOE HESS PHONE: Business _____ Home 872-2833

ADDRESS P.O. BOX 6921, STATESVILLE NC 28687

LOCATION US 70 E, TL ELMWOOD, TR ROAD RUNNER LANE, ON LEFT AT BOX #105

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA ~0.45 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. EXISTING

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet EQ. TO 720 Linear Feet 180

No Lines SIX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND 6"

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

System Description: _____

Repair System Description: 25% REDUCTION GRAY

Maintenance Agreement Required: ☐ Yes ☑ No

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

No. Bedrooms 3 No. Bathrooms 2 No. Employees _____

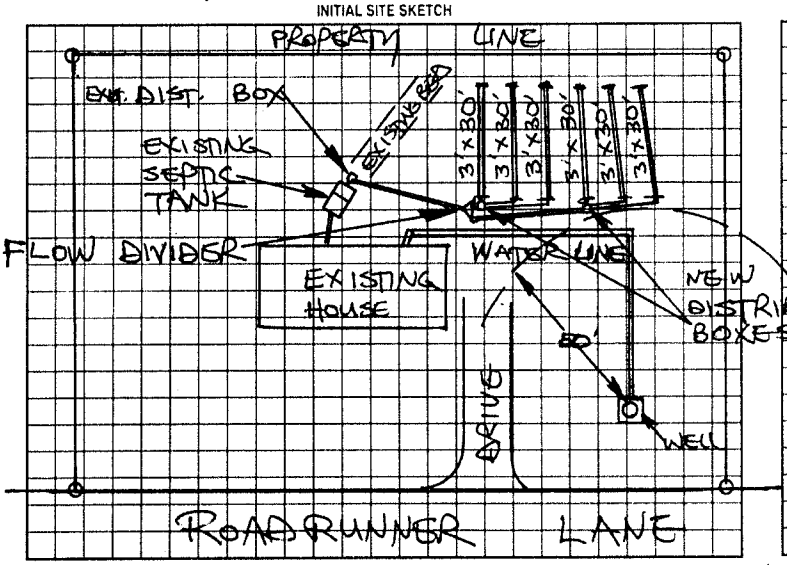
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: THIS PERMIT SERVES AS NOTICE OF VIOLATION ② INSTALL 25% REDUCTION SYSTEM USING THIRTY CHAMBERS OR EIGHTEEN HDS SECTIONS

Comments/Conditions

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: Joe Hess date 6-22-99

Improvement Permit by: STEVE HENDRICK date 6-22-99

Authorization to Construct by: STEVE HENDRICK date 6-22-99

Installed by: Esker Elder

Operation Permit by: Mary C Ortz RS date 7-28-99

Existing System Inspection by: _____ date _____

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