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 7-11-00

OWNER OR CONTRACTOR Keith Haynes PHONE: Business _____ Home 873-8004

ADDRESS 556 Elmwood Rd Statesville N.C.

LOCATION 64E TR Barry Oak Rd TR Elmwood Rd 2mi on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.85 acres SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 1.2

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 300 Linear Feet 100

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12" NA

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

System Description: 25% REDUCTION

Repair System Description: ~~Conv. Gravity~~

Maintenance Agreement Required: ☐ Yes ☑ No

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

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ___

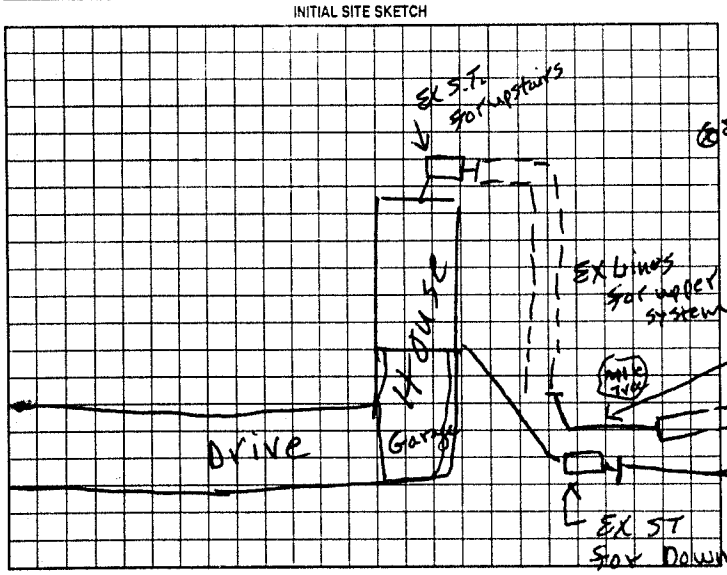
☐ Other _____

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments:/Conditions:

Comments /Conditions: SOIL CONDITIONS ARE EXPANSIVE CLAY (IREDELL SOIL SERIES) AND POORLY DRAINED.

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED USING 100 HDS SECTIONS AS SHOWN BELOW.

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: X Keith W Haynes date _____

Improvement Permit by: R.C. Moore date 7-11-00

Authorization to Construct by: R.C. Moore date 7-11-00

Installed by: WES LYTON

Operation Permit by: STEVE HEDRICK date 12-21-00

Existing System Inspection by: _____ date _____

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