IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080219 PIN# 4803 87 0601 DATE 3-31-99

OWNER OR CONTRACTOR JAMES COLLINS PHONE: Business Home (336) 838-2543

ADDRESS 168 WALNUT GROVE LANE, WILKESBORO NC 28697

LOCATION NC 115 N, TL LINNEY'S MILL ROAD, TR OAK HOLLOW, TL HILLSDALE, 1ST LOT ON RIGHT

SUBDIVISION OAK HOLLOW BLOCK / SECTION ____ LOT 10 LOT AREA 1.06 ACRES SITE CLASS PS DESIGN FLOW 480 T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 319 Date 11-1-99
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines FOUR Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☐ Repair System Type: I (II) III IV V VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: CONV. GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 3
☐ Business No. Employees ____
☐ Other ____

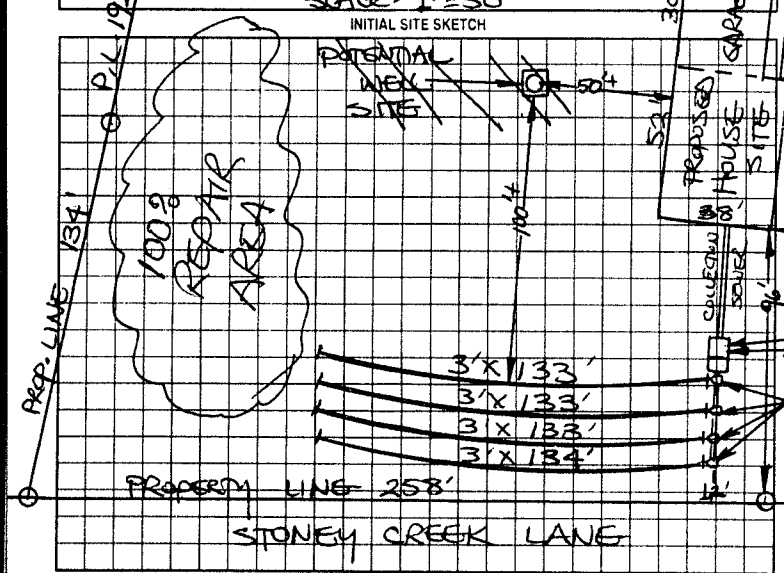
Gravel Depth 12" Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

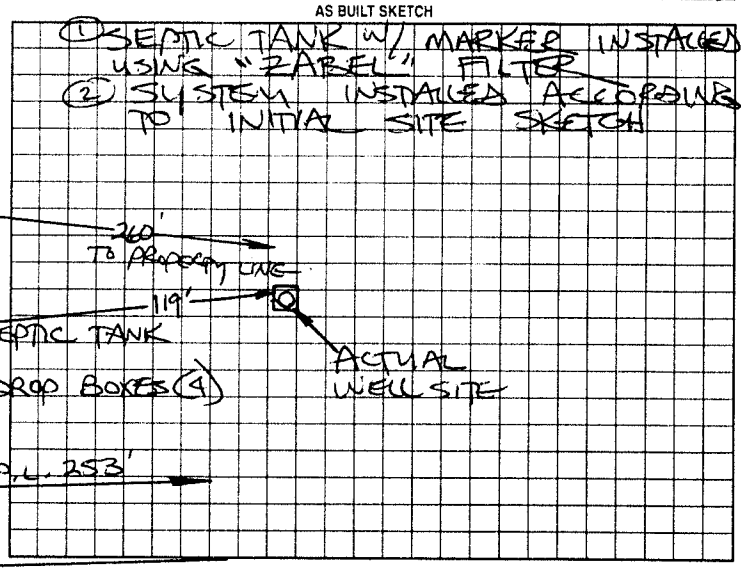
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL SITE

Comments/Conditions: DRIVEWAY TO HILLSDALE ROAD

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: [signature] date 3/31/99 Installed by: SOUTHERN EXCAVATION

Improvement Permit by: STEVE HEDRICK date 3-31-99 Operation Permit by: STEVE HEDRICK date 12-16-99

Authorization to Construct by: STEVE HEDRICK date 3-31-99 Existing System Inspection by: ____ date ____

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