IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080917 PIN# 4842853976

OWNER OR CONTRACTOR Jody E Hoots PHONE: Business _____ Home _____ DATE 5-3-99

ADDRESS 365 Bassett Rd

LOCATION 77 N TL 901 TL Slagns Mill TR Bassett Rd ~ ½ mile on (R)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. P/S DESIGN FLOW 360 L.T.A.R. .033

Septic Tank: 1000 Gal Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 360 Linear Feet 120

No Lines 2 Trench Width 36in Max Trench Bottom Depth 36in Gravel Depth 12in

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

System Description: Gravity Conventional

Repair System Description: Gravity Conventional

Maintenance Agreement Required: ☐ Yes X No

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

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

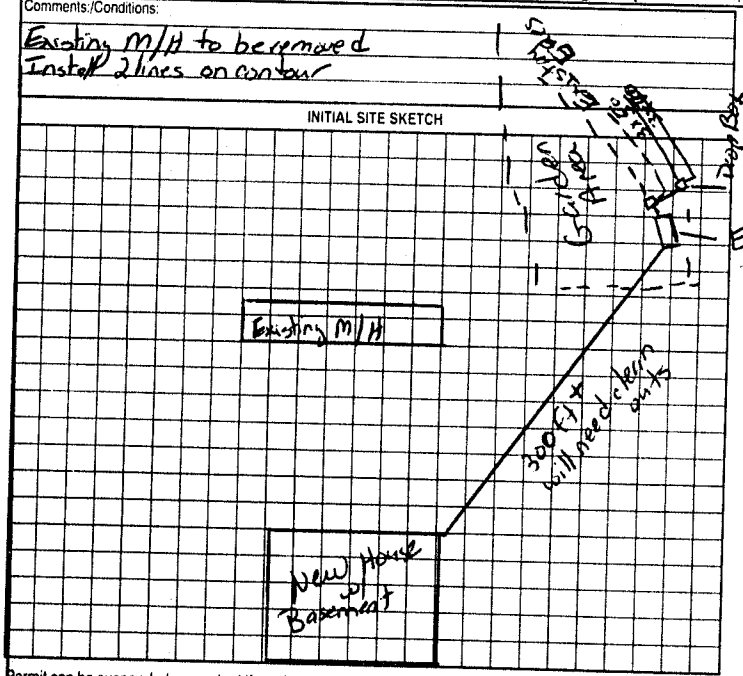
☐ Other _____

Water Supply: X Individual ☐ Public ☐ Community

Comments/Conditions:

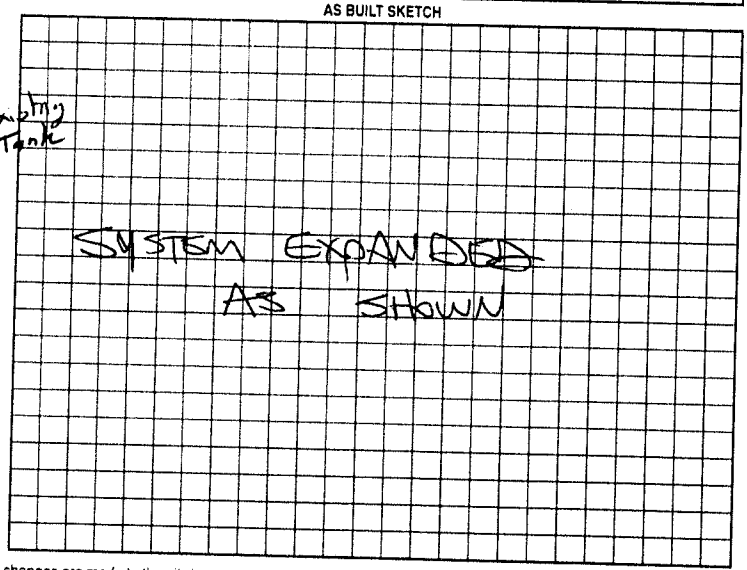
Existing M/H to be removed
Install 2 lines on contour

INITIAL SITE SKETCH



Comments/Conditions

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: Jody E Hoots date 5-10-99

Improvement Permit by: Mat Coff RS date 5-3-99

Authorization to Construct by: Mat Coff RS date 5-3-99

Installed by: A-1 BACKHOE

Operation Permit by: STEVE HEDRICK date 12-23-99

Existing System Inspection by: _____ date _____

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