IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136785 PIN# 4860650702 DATE 10/17/06

OWNER OR APPLICANT Timothy P Campbell PHONE: Business 704 657 0200 Home 704 546 7373

ADDRESS 694 Tabor Rd

LOCATION Hwy 21 North, (L) on Tabor Rd. Property on (R) before you get to church

SUBDIVISION Hazelwood BLOCK / SECTION / LOT 1 LOT AREA .777 Ac. SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 825 Date 1-22-07

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth n/a ☒ Gravity ☐ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I (II) (III) IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

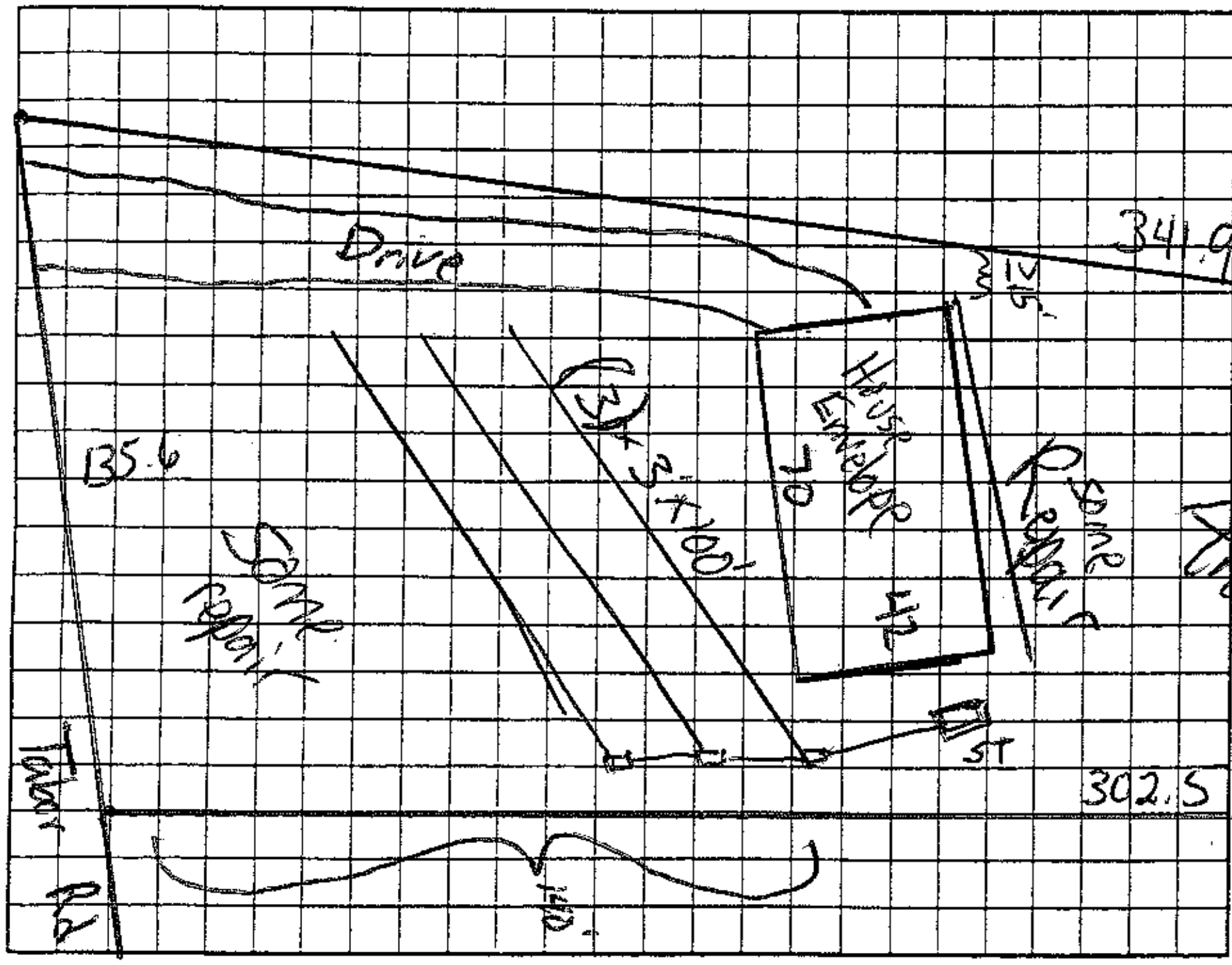
Water Supply: ☐ Individual ☒ Public ☐ Community

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

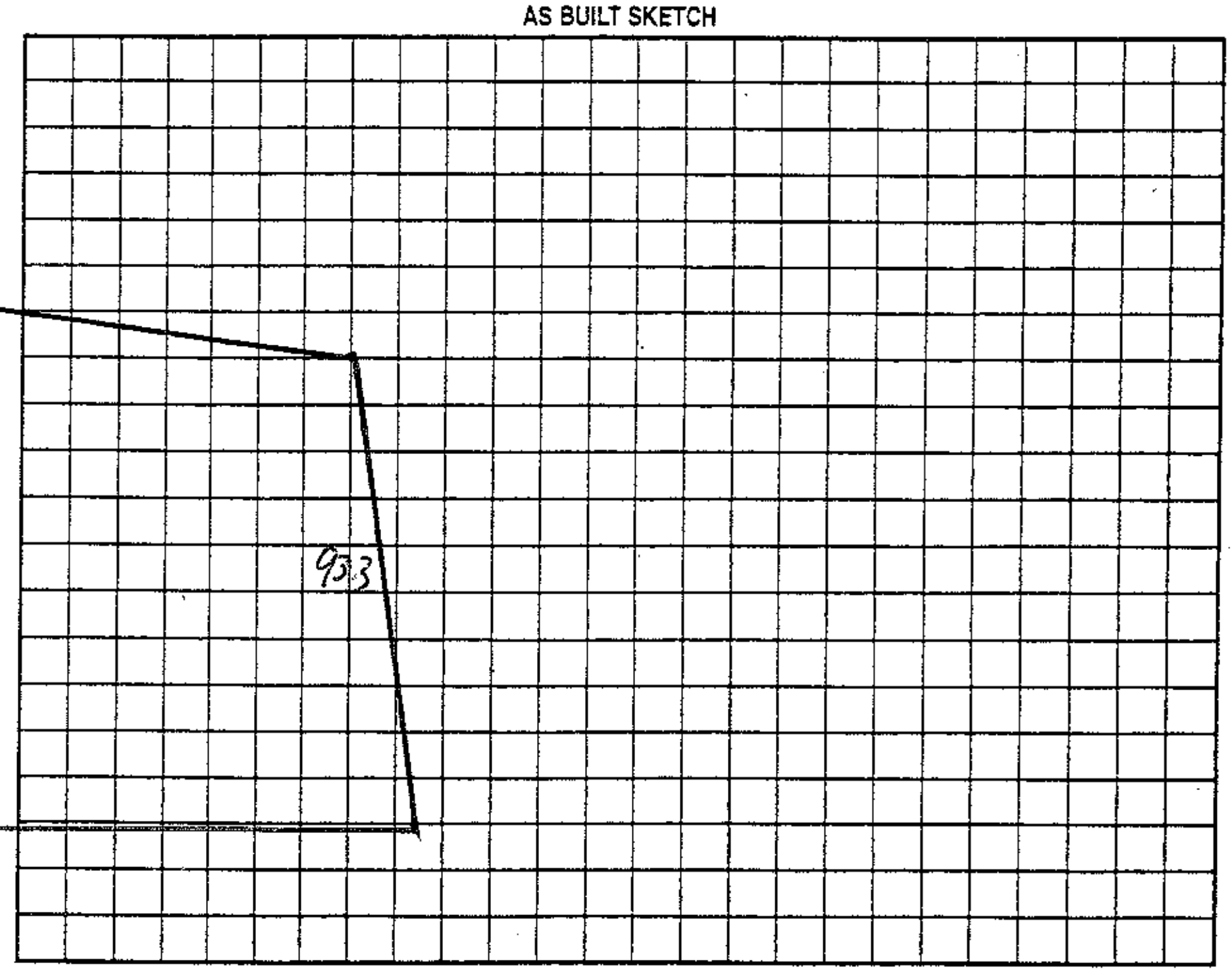
Comments:/Conditions:

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: Timothy P. Campbell date 10 24 06 Installed by: Rowan Septic

Improvement Permit by: James Aron date 10-17-06 Operation Permit by: James Aron date 3-08-07

Authorization to Construct by: James Aron date 10-17-06 Existing System Inspection by: ____ date ____

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