IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088581 PIN# 4862 89 7029 DATE 4/2/00

OWNER OR CONTRACTOR Carolyn Harris PHONE: Business Home 704-539-4129

ADDRESS 365 York Spann Road, Hamptonville NC 27020

LOCATION 77N, Rt on 901, Lt on Eagle Mills, Rt on York Spann, ½ mile on Rt

SUBDIVISION BLOCK / SECTION LOT LOT AREA 3.67 Acres SITE CLASS DESIGN FLOW 480gpd L.T.A.R.

Septic Tank: Exist Gallons: STB Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 15"

☑ New System ☐ Repair System Type: ☐ II ☐ III ☐ IV ☐ V ☐ VI

System Description: Conv. Gravity

Repair System Description: Conv. Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other Replacement MH

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

Water Supply: ☑ Individual ☐ Public ☐ Community On Site

Comments/Conditions:

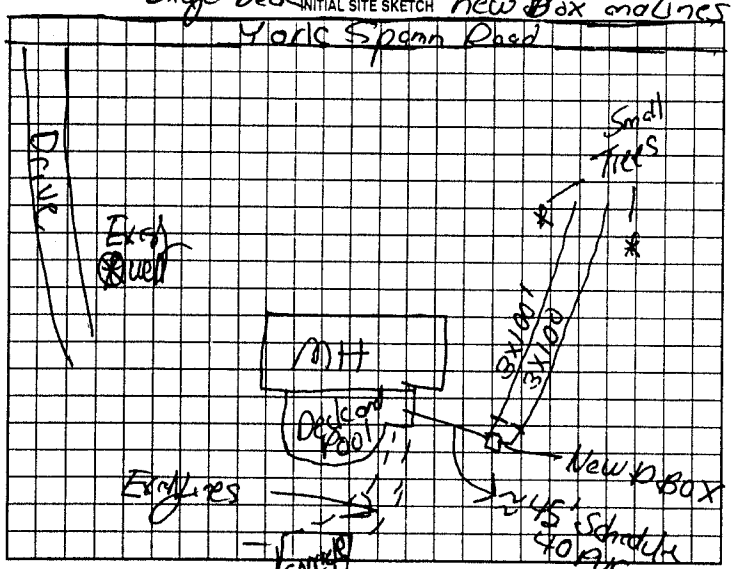
Replacy 3BR w/4 Br MH

Access exist D Box, Run 3" or 4" Sch 40 PVC to Shade Deck new D Box no lines

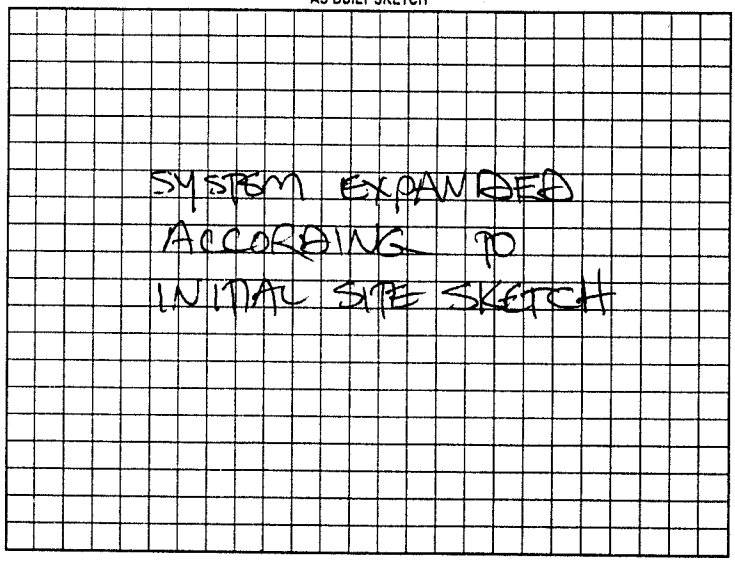
Comments/Conditions:

Rear of new MH must be located at rear of exist MH site.

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: Carolyn Harris date 4/4/00

Improvement Permit by: date 4/4/00

Authorization to Construct by: date 4/4/00

Installed by: SAMMY REAVIS

Operation Permit by: STEVE HEDRICK date 4-20-00

Existing System Inspection by: date

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