IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 082405 PIN# 4871 41 1220 (PT) DATE 7-19-99

OWNER OR CONTRACTOR HOMEMAX PHONE: Business (336) 751-1345 Home

ADDRESS 952 YADKINVILLE RD MOCKSVILLE NC 27028

LOCATION US 21 N, TL LITTLE WILKESBORO RD, TR RABBIT HIGHWAY, TL TRANQUILITY LANE, OWR

SUBDIVISION HARMONY COUNTRY BLOCK / SECTION I LOT 26 LOT AREA 1.14 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 @ 90/PT

Septic Tank: 1000 Gallons; STB 760 Date 10-29-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No

Nitrification Field: No. Fields 1 Square Feet 1200 Linear Feet 400

No. Lines FOUR Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ 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 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

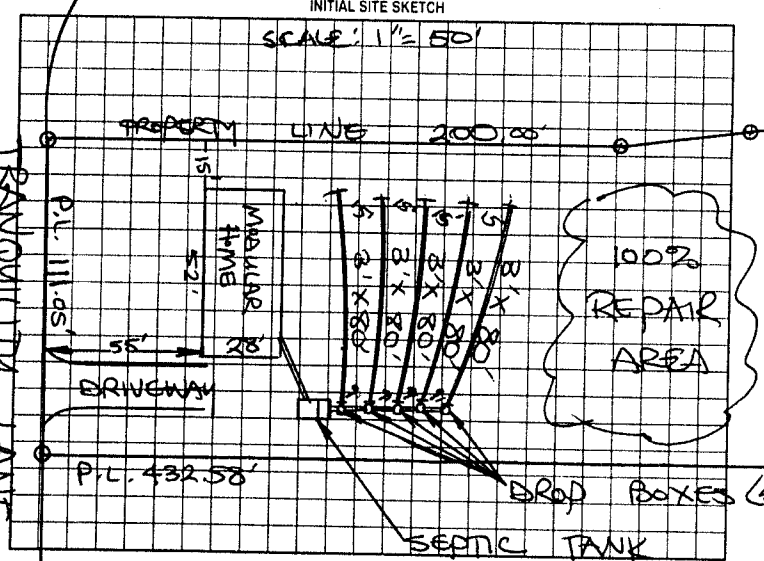
Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

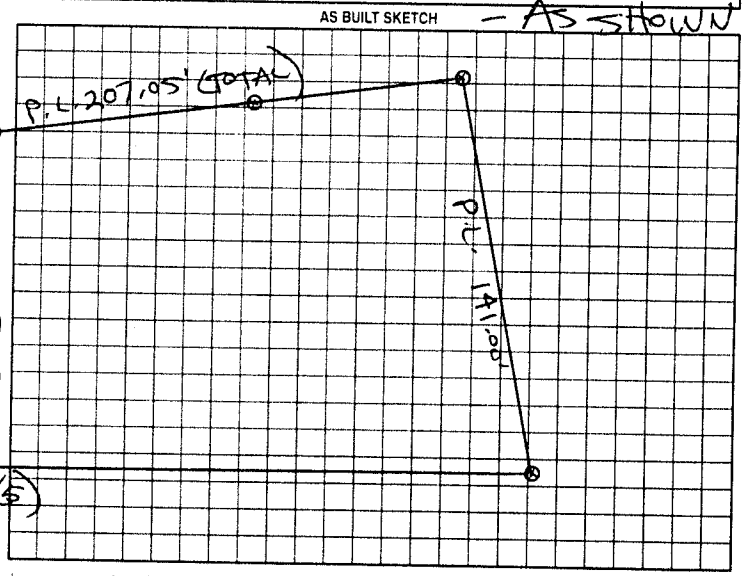
Comments/Conditions:

Comments/Conditions SEPTIC TANK WITH MARKER INSTALLED USING "ZABEL" FILTER

INITIAL SITE SKETCH



AS BUILT SKETCH – AS SHOWN



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 7-19-99

Improvement Permit by: STEVE HEDRICK date 7-19-99

Authorization to Construct by: STEVE HEDRICK date 7-19-99

Installed by: BILLY GRIMES

Operation Permit by: STEVE HEDRICK date 12-2-99

Existing System Inspection by: date

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