IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 088929 PIN# 4873 02 4048 (PT) DATE 5-15-2000

OWNER OR CONTRACTOR ANNETTE MITCHELL PHONE: Business _____ Home 539-4674

ADDRESS 627 TROY MILL ROAD, HAMPTONVILLE, NC 27020

LOCATION US 21 NORTH, TL HUNTING CREEK RD, TL TROY MILL ROAD, 2ND DRIVE ON RIGHT, 0.3 MILE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.00 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.40 GPD/FT2

Septic Tank: 1000 Gallons; STB 1012 Date 2-23-00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines THREE 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

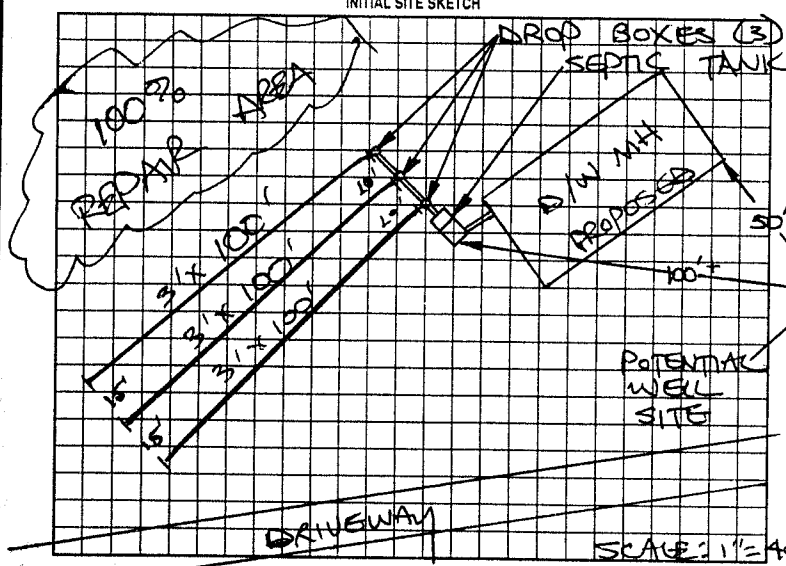
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 2 No. Employees _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community WELL

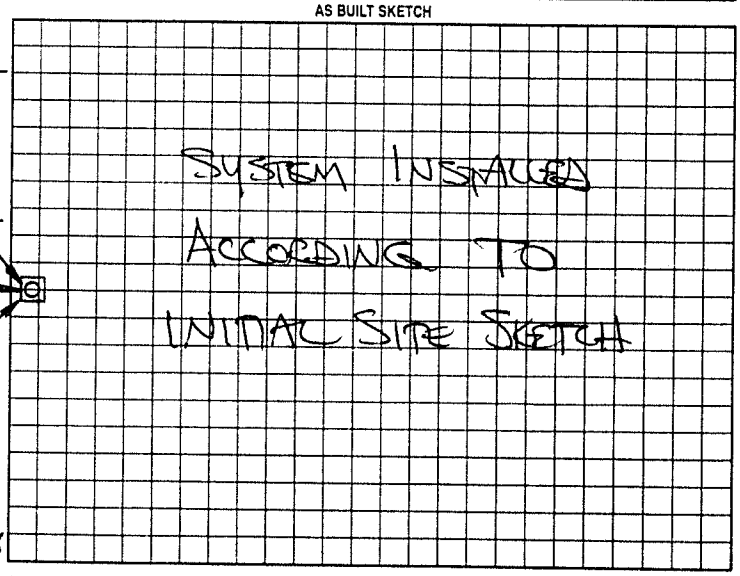
Comments/Conditions: KEEP SYSTEM MINIMUM 100 FEET FROM WELL

Comments/Conditions: SEPTIC TANK W/ MARKER INSTALLED USING "POLYLOK" FILTER

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/plan 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: X _____ date 5-15-00 Installed by: A-1 BACKHOE

Improvement Permit by: STEVE HEDRICK date 5-15-2000 Operation Permit by: STEVE HEDRICK date 5-18-2000

Authorization to Construct by: STEVE HEDRICK date 5-15-2000 Existing System Inspection by: _____ date _____

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