IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# REPAIR PIN# DATE 5-15-2000

OWNER OR CONTRACTOR SHELBY TURNER PHONE: Business Home

ADDRESS 4771 HARMONY HWY, HAMPTONVILLE, NC

LOCATION US 21 NORTH, 7th HOUSE, ON LEFT PAST HUNTING CREEK AT BOX #4771

SUBDIVISION BLOCK / SECTION LOT LOT AREA LIMITED SITE CLASS PS DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank: 1000 Gallons: STB 760 Date 6-14-00
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 420 Linear Feet 140'
No Lines THREE Trench Width 36" Max Trench Bottom Depth 36"

☑ New System ☑ Repair System Type: I (II) III. IV. V. VI
System Description:
Repair System Description: CONVENTIONAL GRAVITY
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth 24" ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

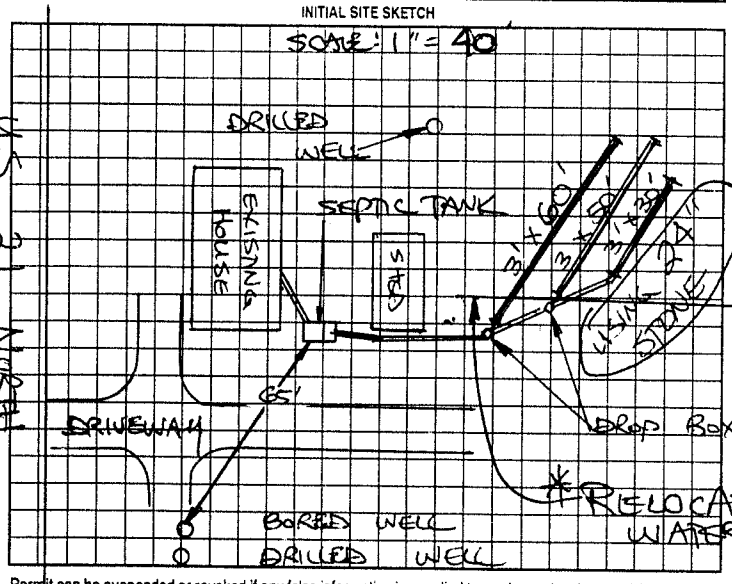
☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 1
☐ Business No. Employees
☐ Other

Water Supply:
☑ Individual
☐ Public
☐ Community
WELL

Comments:/Conditions: (1) INSTALL NEW SEPTIC TANK & LINES AS SHOWN USING 24" STONE (2) CRUSH EXISTING SEPTIC TANK & REPLACE W/ NEW TANK

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM REPAIRED ACCORDING TO INITIAL SITE 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: Shelby S. Turner date May 15, 2000 Installed by: BRENT GALLIHER

Improvement Permit by: STEVE HEDRICK date 5-15-2000 Operation Permit by: STEVE HEDRICK date 10-9-00

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