IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117087 PIN# 4873-95-8858 DATE 12-31-03

OWNER OR CONTRACTOR C.C. Carson Estate PHONE: Business 704-450-4817 Home 704-873-2547

ADDRESS 4738 Harmony Hwy Hamptonville NC 27020

LOCATION I-77N Exit 65 @ NC 901 @ US 21 Property on right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.00 ACRES SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .4 gpd/ft²

Septic Tank: [redacted] EXISTS Gallons: STB [redacted] Date [redacted]
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet EQ to 900 Linear Feet 300
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 6"+6"=12"

☐ New System ☐ Repair System Type: I (II) III, IV, V, VI
System Description: Conv Grav - Exists
Repair System Description: Pump 25% reduction
Maintenance Agreement Required: ☐ Yes ☑ No

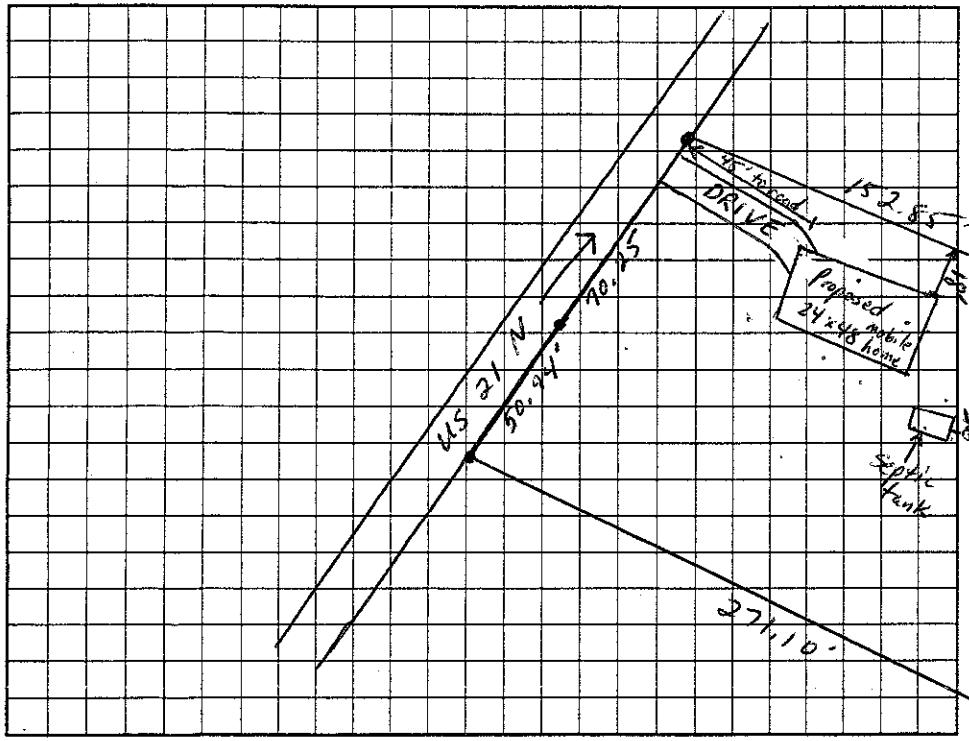
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

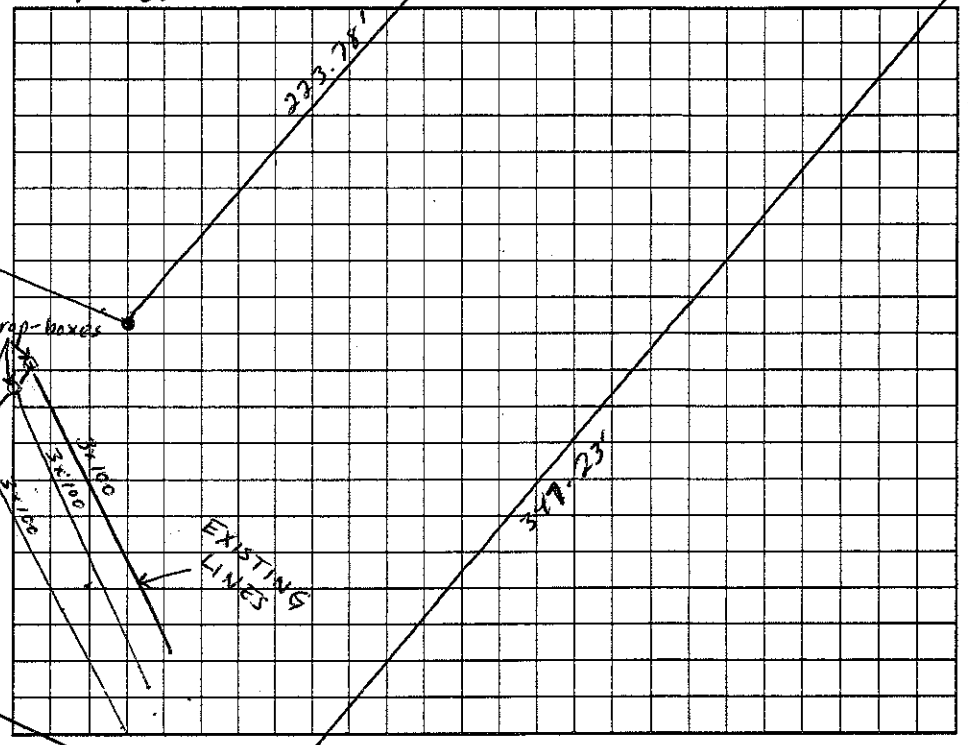
Comments:/Conditions: * Existing system originally sized for 3-bedroom home. System functioning properly at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 60'



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: _____ date 1/2/04

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: Christopher M. Sherrill, RS date 1-2-04

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