IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 084136 PIN# 4874 70 1691 DATE 11-4-99

OWNER OR CONTRACTOR RUSSELL SMITH PHONE: Business Home 546-2732

ADDRESS 221 BARNARD MILL ROAD, HAMPTONVILLE, NC 27020

LOCATION US 21 NORTH, TL BARNARD MILL ROAD, 0.5 MILE ON LEFT AT ELEANOR LANE

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.77 ACRE SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.20 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 7-20-99
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No. Fields 1 Square Feet 960 Linear Feet 320
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: CONVENTIONAL PUMP
Maintenance Agreement Required: ☐ Yes ☑ No
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

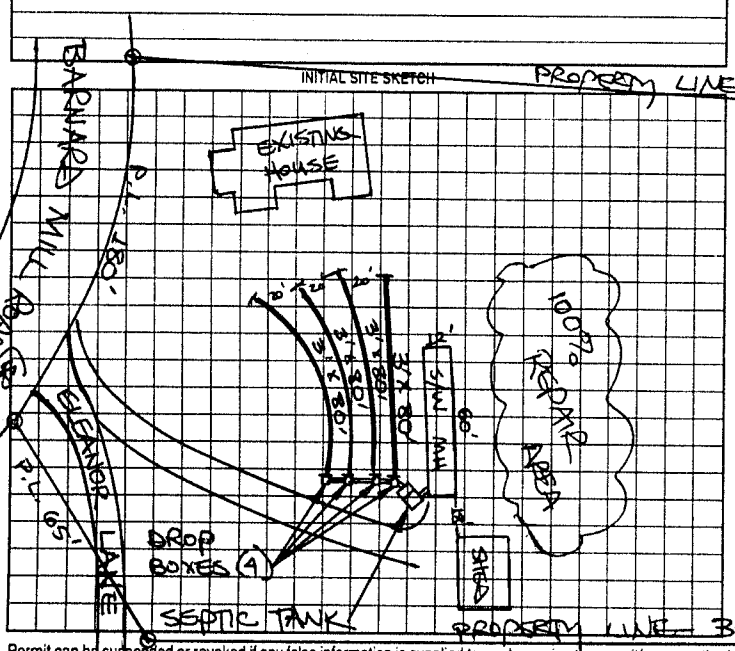
☐ House/Mod. Home No. Bedrooms 2
☑ Mobile Home No. Bathrooms 1½
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community
WELL

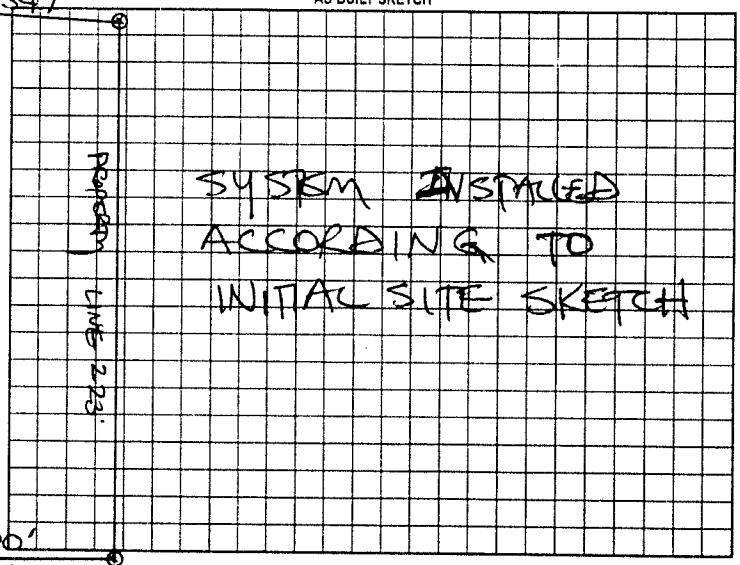
Comments/Conditions:

Comments/Conditions: SYSTEM SIZED FOR TWO BEDROOMS ONLY
SEPTIC TANK W/ RISERS INSTALLED
USING "THETTE" 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 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: Russell M. Smith date 11.5.99

Improvement Permit by: STEVE HEDRICK date 11-4-99

Authorization to Construct by: STEVE HEDRICK date 11-4-99

Installed by: TOMMY NIXON

Operation Permit by: STEVE HEDRICK date 12-17-99

Existing System Inspection by: date

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