IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 077244 PIN# 4880 15 1152 (PT) DATE 10-24-98

OWNER OR CONTRACTOR KATHEY CAMPBELL PHONE: Business 878-6663 ~~Home~~ 876-1254

ADDRESS P.O. BOX 195 TURNERSBURG, NC 28688

LOCATION US21 N, TR NC 901, 1ST LOT ON RIGHT PAST FEATHER ROAD,

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 0.5 ACRE SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.33 gpd/ft²

Septic Tank: 1000 Gallons; STB 620 Date 9-28-98

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial Nc. _____

Nitrification Field: No Fields 1 Square Feet 1080 Linear Feet 360

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: 25% REDUCTION PUMP

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees ____

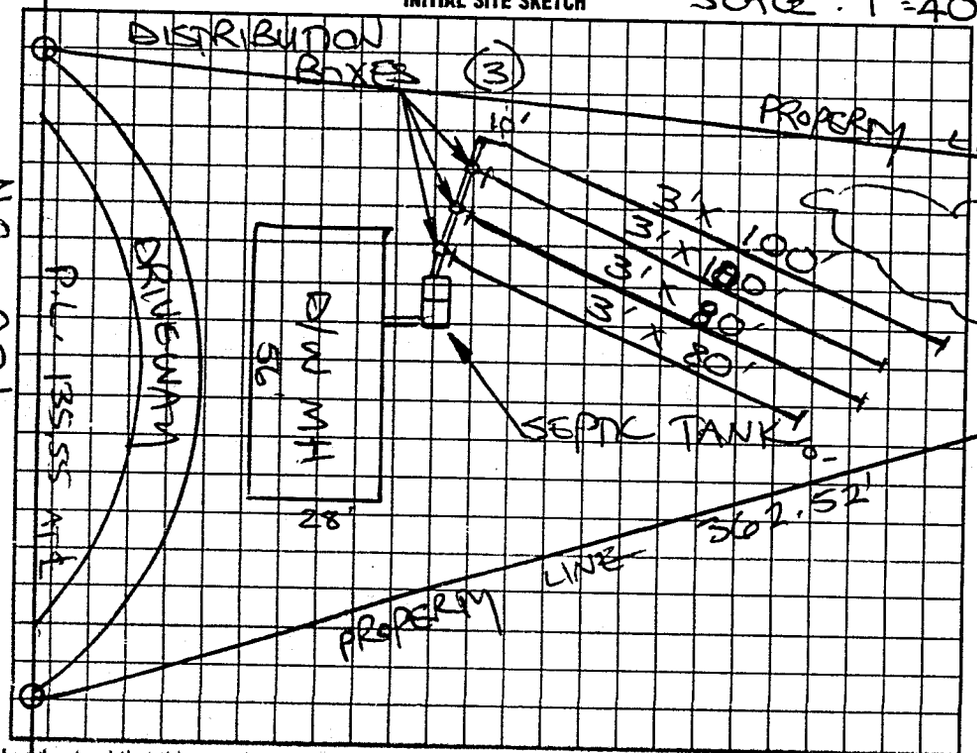
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

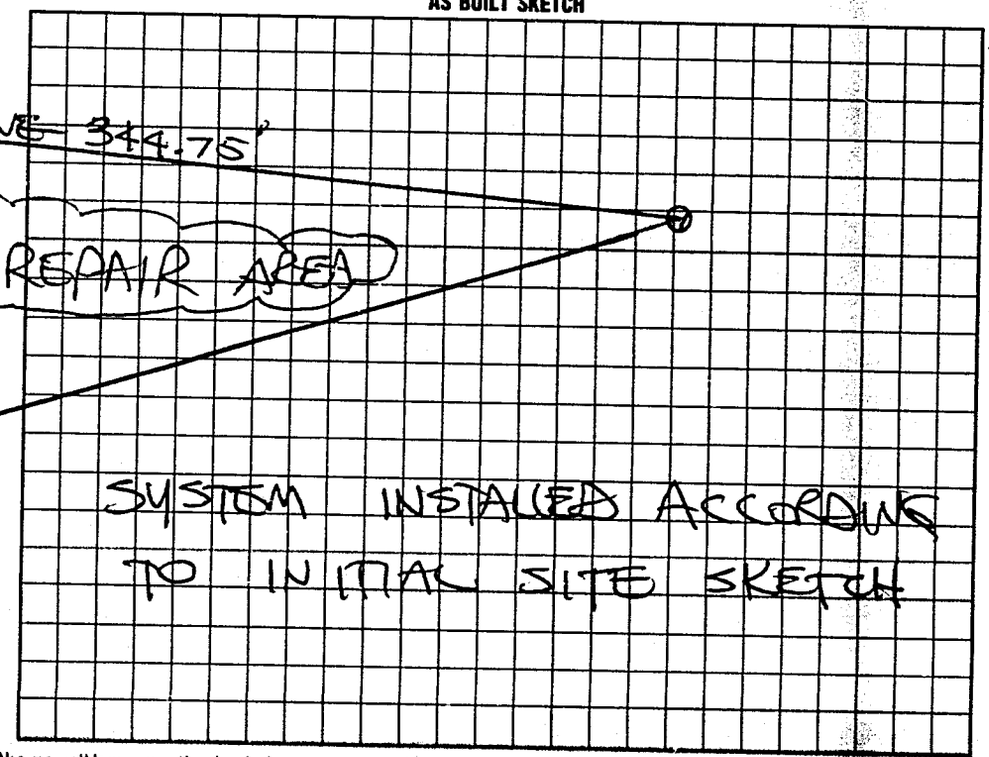
Comments:/Conditions:

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INITIAL SITE SKETCH SCALE: 1"=40'



AS BUILT SKETCH



I understand that this 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: +Kathy H. Campbell date 10-24-98 Installed by: TOMMY NIXON

Improvement Permit by: STEVE HEDRICK date 10-24-98 Operation Permit by: STEVE HEDRICK date 11-17-98

Authorization to Construct by: STEVE HEDRICK date 10-24-98 Existing System Inspection by: _____ date _____

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