IREDELL COUNTY HEALTH DEPARTMENT

THIS PERMIT VOIDS PREVIOUS ISSUED 5-21-98

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

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

PERMIT# 073457 PIN# 4883 09 4753 DATE 3-31-99

OWNER OR CONTRACTOR ROGER A. DAVIES PHONE: Business _____ Home _____

ADDRESS 4918 HARMONY HIGHWAY, HAMPTONVILLE, NC 27020

LOCATION US 21 NORTH, ON RIGHT ACROSS FROM NEW HOPE BAPTIST CHURCH AT BOX #4918

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5.62 ACRES SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 284 Date 3-24-99
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
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: CONV. GRAVITY
Maintenance Agreement Required: Yes ✓ No
Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

House/Mod. Home No. Bedrooms 3
✓ Mobile Home No. Bathrooms 2
Business No. Employees _____
Other _____

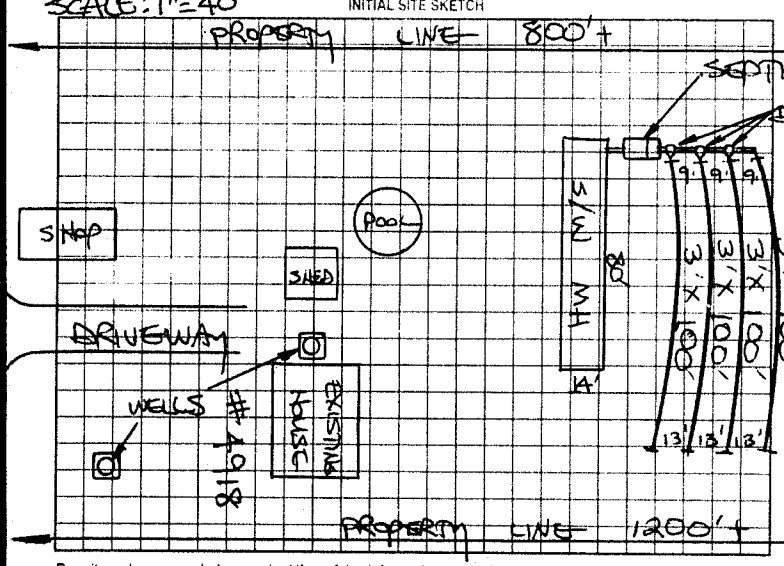
Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions

Comments/Conditions

SCALE: 1" = 40'

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown

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: + Roger A. Davies date 3/31/99

Improvement Permit by: STEVE HEDRICK date 3-31-99

Authorization to Construct by: STEVE HEDRICK date 3-31-99

Installed by: Blackburn & Sons

Operation Permit by: [illegible] date 4-22-99

Existing System Inspection by: _____ date _____

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