IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14950 PIN# 1592402795 DATE 30 April 07

OWNER OR APPLICANT Tamara L. Hyde PHONE: Business _____ Home _____

ADDRESS 580 Waddell Rd Rainy River NC 28669

LOCATION 21N to Tower bridge 3 mile property on left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. RS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1000 gal Date 11-8-06

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 800 Linear Feet 200

No Lines 3 Trench Width 24" Max Trench Bottom Depth 30

☐ New System ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI

System Description: 25% Expand

Repair System Description: 25% Expand

Maintenance Agreement Required: ☐ Yes ☐ No

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

No. Bedrooms 2 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth ___ ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

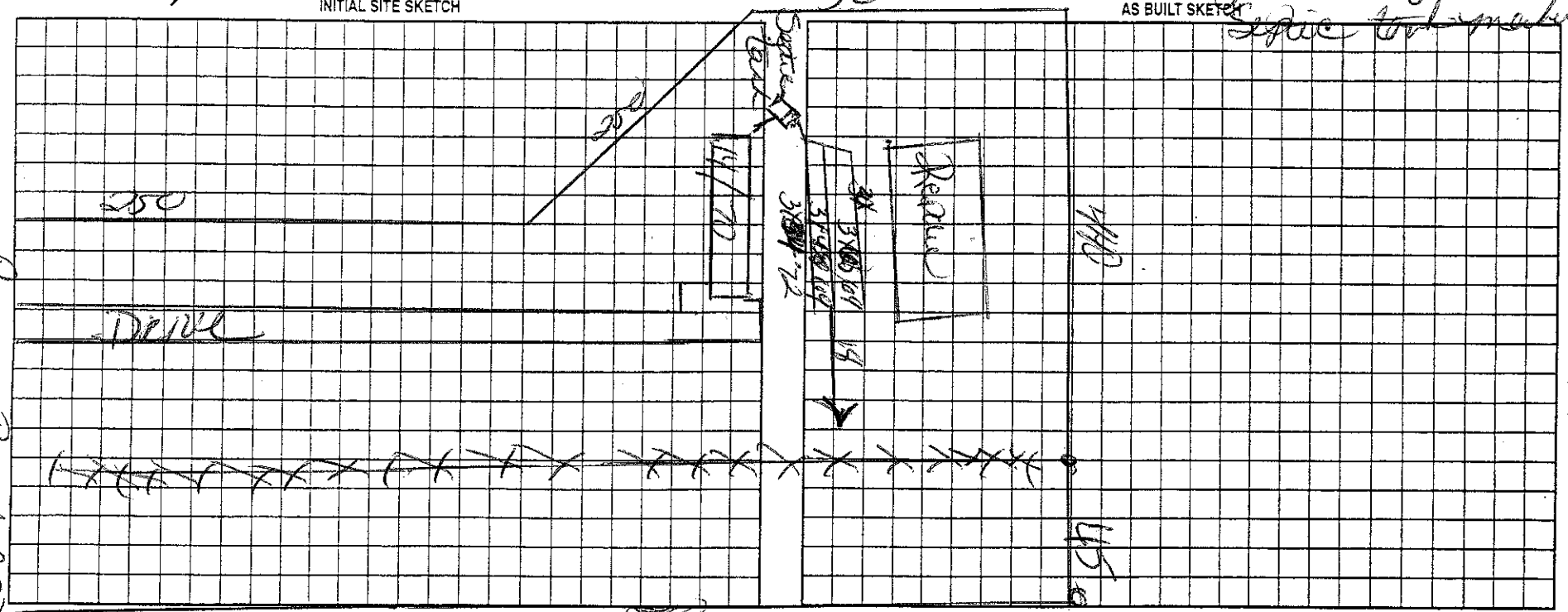
Install on contour
Maintain all setbacks
and esp disturbance

INITIAL SITE SKETCH

Comments:/Conditions:

Maintain 15' OB fence for home
Yellow tape
Septic tank marker

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: Tamara H Hyde date 30 April Installed by: Tommy Fuyle

Improvement Permit by: Kelly Cox date 30 April 07 Operation Permit by: Kelly Cox date 14 May 07

Authorization to Construct by: Kelly Cox date 30 April 07 Existing System Inspection by: _____ date _____

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