IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4893-39-0254 DATE 5-24-06

OWNER OR APPLICANT JAMES Hicks PHONE: Business Home 704-546-7439

ADDRESS PO BOX 131 HARMONY NC 28634

LOCATION 21 North (R) Hoosierville (L) SANDY SPRINGS 4th on right past church

SUBDIVISION BLOCK / SECTION LOT LOT AREA 300x200' SITE CLASS. DESIGN FLOW 240 L.T.A.R. RIDGE .3

Septic Tank: 1000 Gallons; STB CONC Date 10-15-96
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet Linear Feet 195
No Lines 3x65' Trench Width 36" Max Trench Bottom Depth N/A

☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: CONV GRAV
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Persons 2 No. Employees

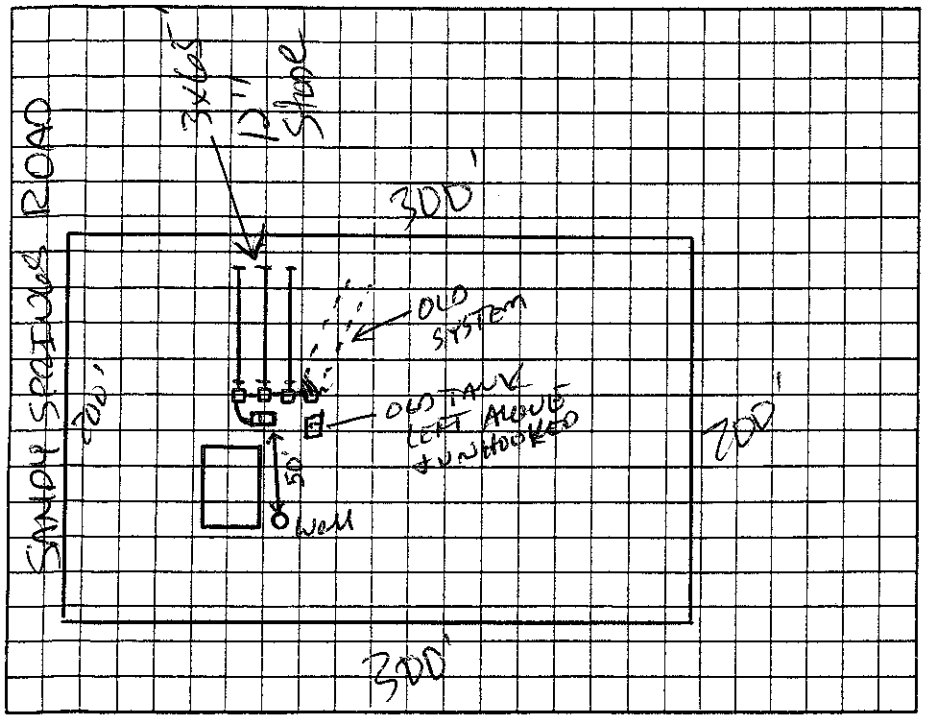
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth 24" ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

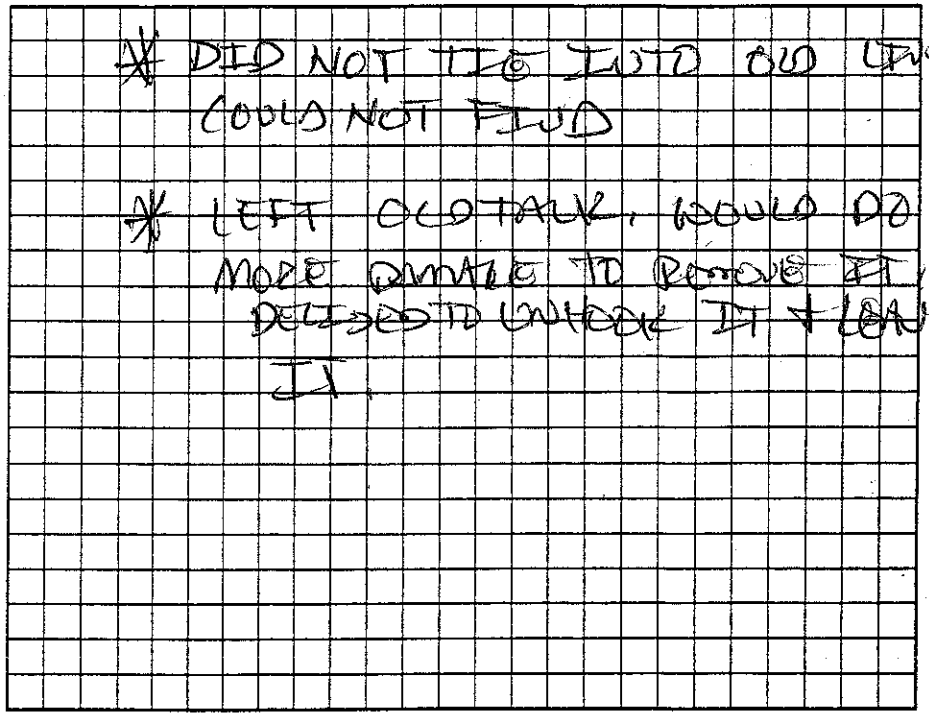
Comments:/Conditions: (1) MAINTAIN SETBACKS
(2) THIS PERMIT SERVES AS Notice of Violation & must be repaired within 30 DAYS

Comments:/Conditions: TOPSOIL FILL & GARDEN
Finish grade SD System H2O Ditch is 15' OFF DRIVELINE

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: James M Hicks date 5 24 06 Installed by: A-1 Backhoe

Improvement Permit by: [signature] date 5-24-06 Operation Permit by: [signature] date 5-24-06

Authorization to Construct by: [signature] date 5-24-06 Existing System Inspection by: date

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