IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 88033 PIN# 3784356170 DATE April 26, 2000

OWNER OR CONTRACTOR Augustin Rogue PHONE: Business _____ Home 478-2363

ADDRESS 7178 Sherrills Ford Rd Sherrills Ford, NC 28673

LOCATION Nth. Sharon Sch Rd (L) Gun Club (past Island Ford Rd) ~ 1-1½ mile Lot on Left

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21.16 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB GST 760 Date 5-15-00

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400 cf To

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☐ II, IV, V, VI

System Description: GRAVITY Conventional

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

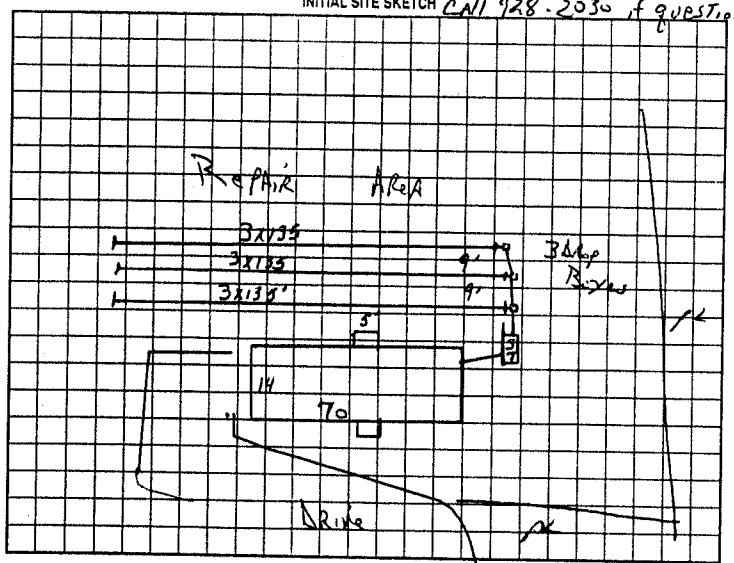
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community Neighbor well

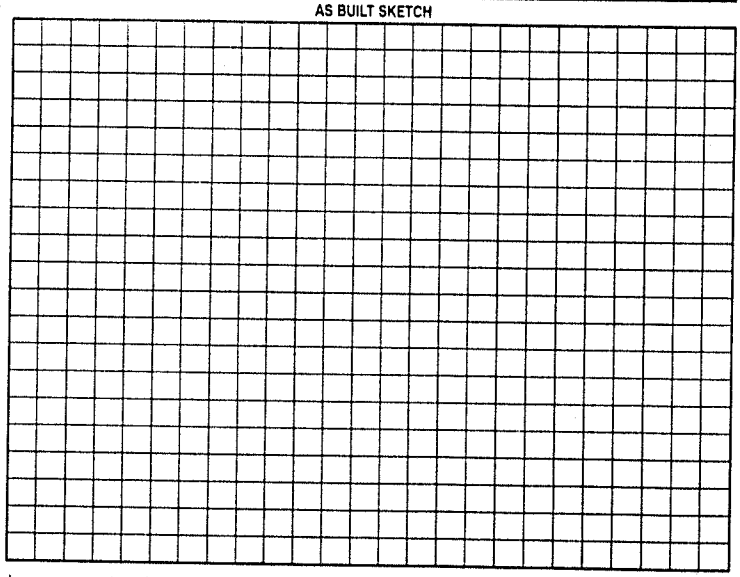
Comments/Conditions: Landscape To provide drainage
May use Distribution box w/ speed levels for equal distribution
#30 inch Trench Depth
Not To Any Scale

Comments/Conditions: Tuf Tite Filter used

INITIAL SITE SKETCH CALL 928-2030 if questions



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: Augustin D Rogue date 4-26-00 Installed by: Bobby Bebber

Improvement Permit by: J C Potter date Apr. 26 2000 Operation Permit by: J C Potter date June 26 2000

Authorization to Construct by: J C Potter date Apr. 26 2000 Existing System Inspection by: _____ date _____

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