IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 117258 PIN# 3793084744 DATE 2-17-06

OWNER OR CONTRACTOR Joel Massey PHONE: Business ______ Home (321) 228-4775

ADDRESS 12272 Fox Hound Lane Orlando FL 32824

LOCATION I40 W (TR) Sharon School (TR) at dirt road at mail box 740

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 3.55 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 1001 Date 3-5-07
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: 25% Gravity
Repair System Description: 25% Gravity
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ______
☐ Business No. Employees ______
☐ Other ______

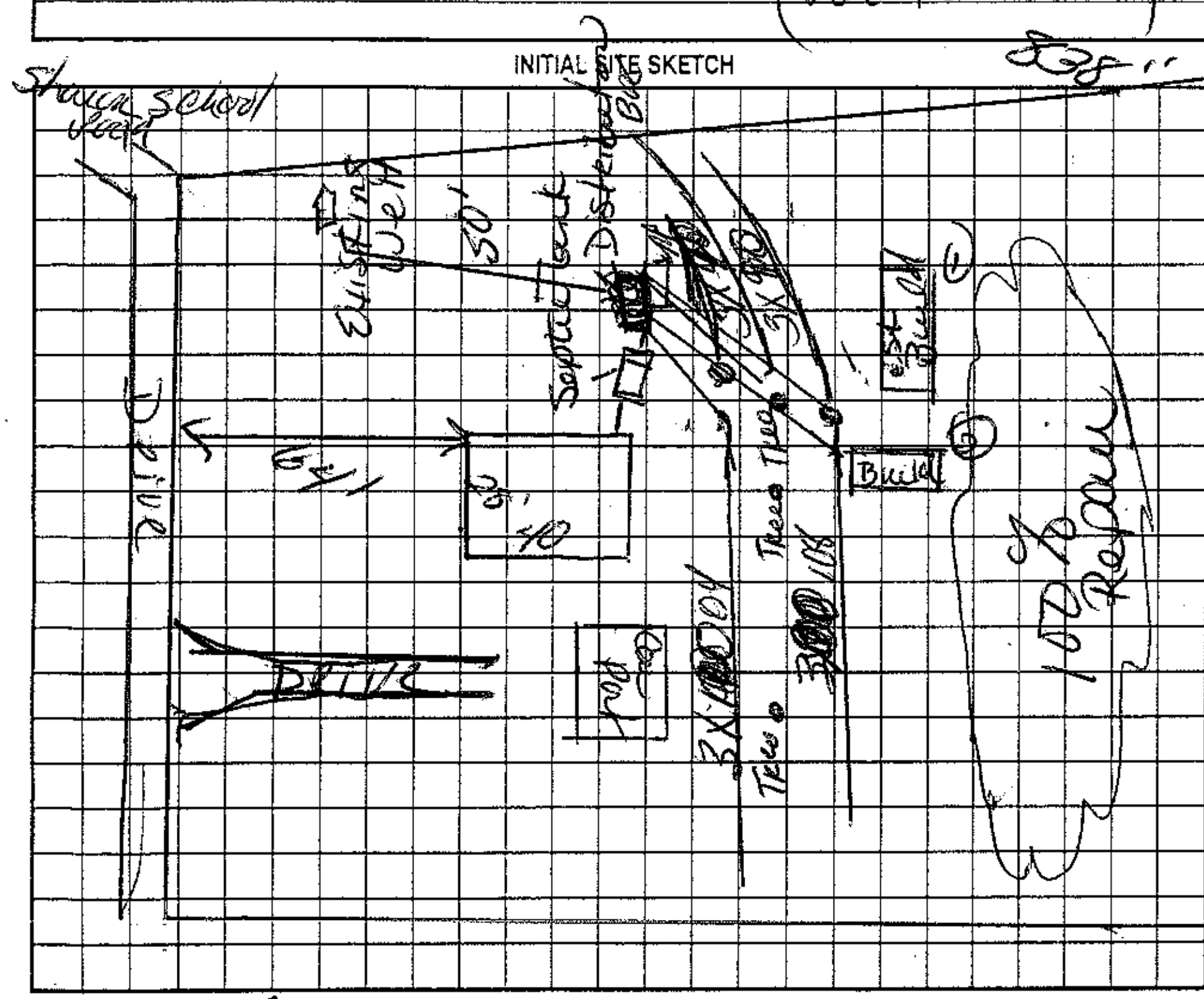
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

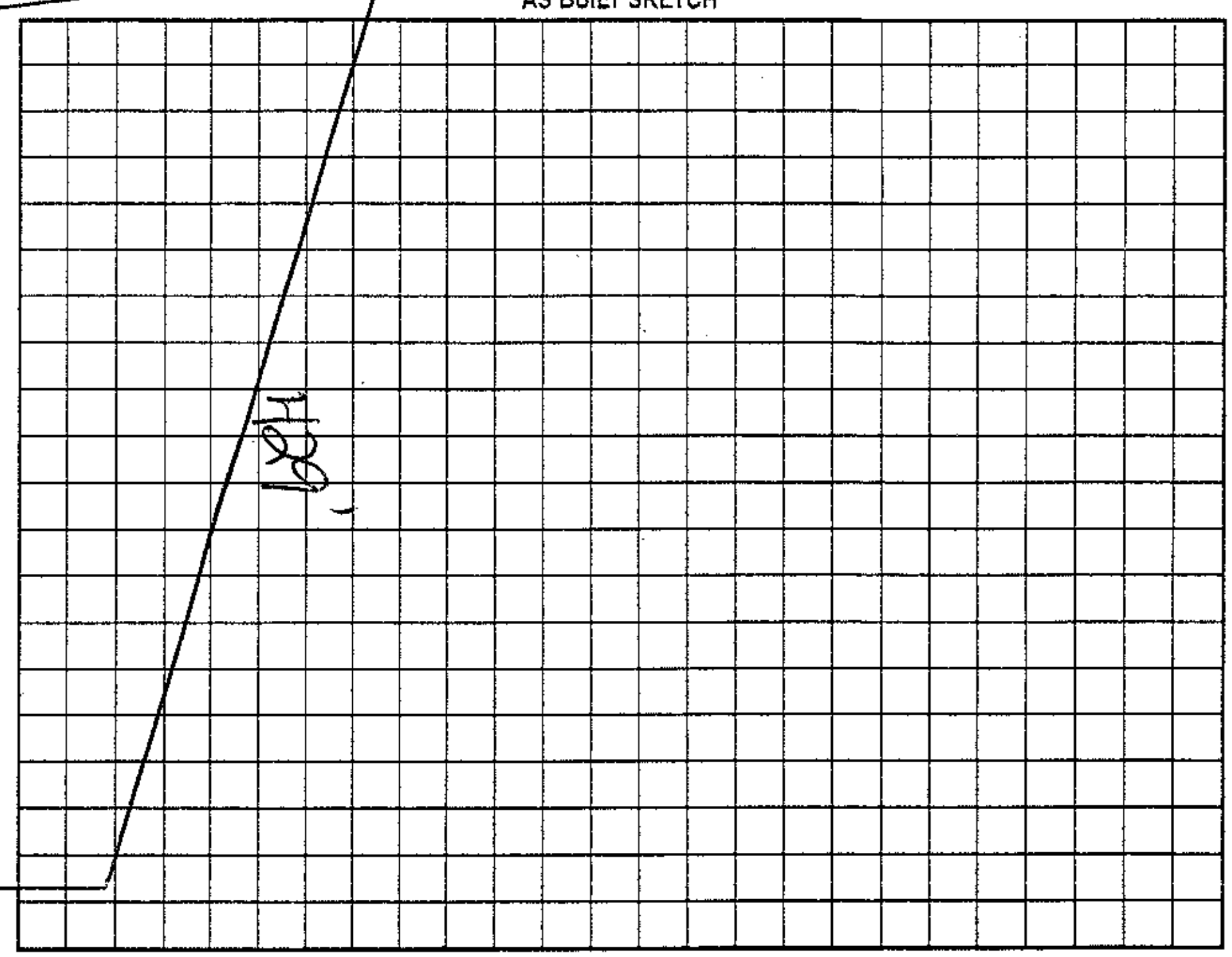
Comments:/Conditions: (Not to scale)

Comments:/Conditions: ① Install on Contour ② Maintain all set back ③ Stake 4½' off of Build #2

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: J. Massey date ______ Installed by: Tommy Cothren

Improvement Permit by: Kelly Cook date 2-17-06 Operation Permit by: Kelly Cook date 4-9-07

Authorization to Construct by: Kelly Cook date 2-17-06 Existing System Inspection by: ______ date ______

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