IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 173567 PIN # 3793865774 DATE 7-23-12

OWNER Dennis & Kathy Burrell APPLICANT: PHONE: Home/Cell # 704 924 9578 Business #

SITE ADDRESS 310 Hickory Hwy OWNER / APPLICANT ADDRESS

SITE DIRECTIONS Off Old Mtn Rd About 4 miles on (R) at tall ectrical power

SUBDIVISION n/a BLOCK / SECTION n/a LOT # LOT AREA 10 Acres DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 760 Date 2-26-12 ☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI ☒ Residence No. Bedrooms 3 Water Supply

Pump Tank Gallons: P T Date ☐ Business No. Persons ☐ Private

Pump Make Model Serial # System Description: 25% Reduction Gravity ☐ Other No. Employees ☒ Public

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 300 Repair System Description: 25% Reduction Gravity ☐ Slab ☒ Crawl Space ☐ Community

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a Maintenance Agreement Required ☐ YES ☒ NO ☐ Basement w/plumbing ☐ Basement w/o plumbing

☒ GRAVITY ☐ PRESSURE

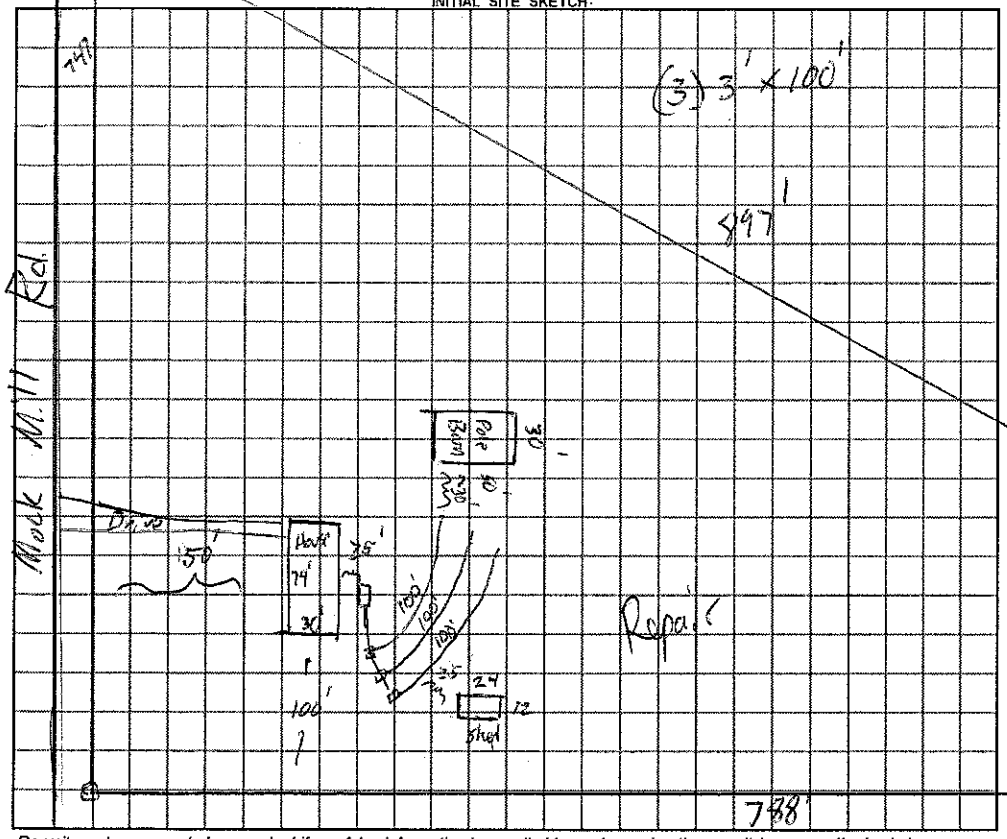
Comments / Conditions

1" = 120'

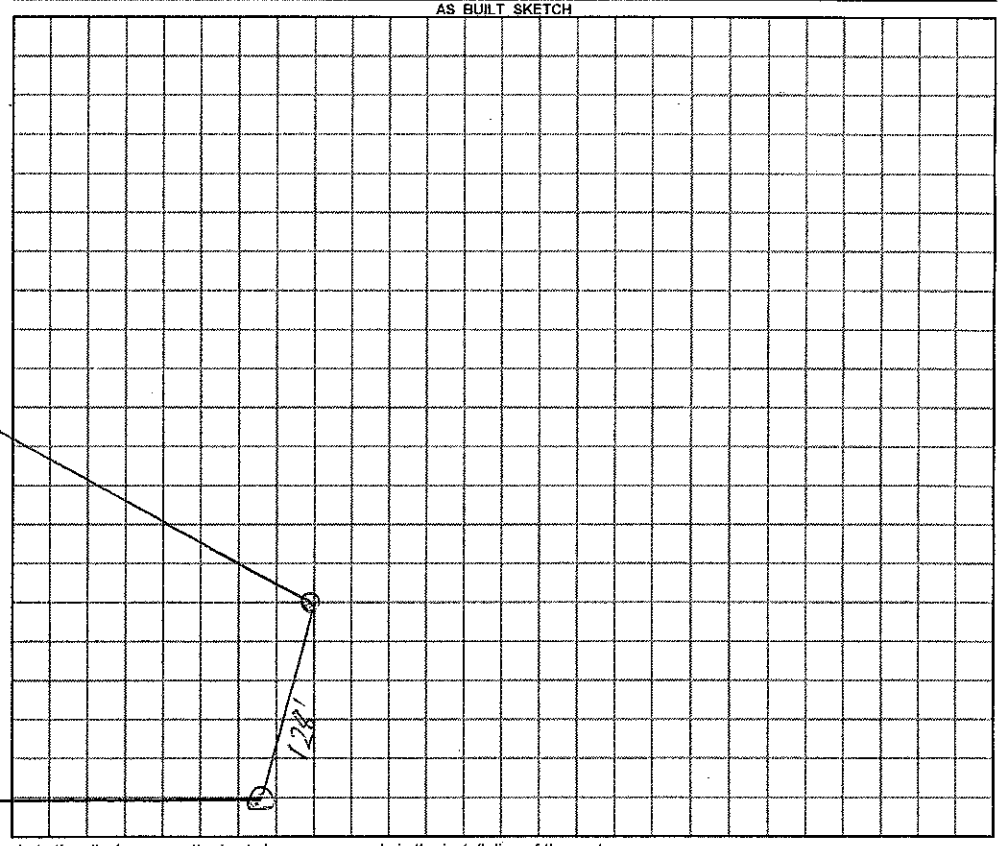
Rot Filter

Bio 36

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 plat valid without expiration. site plan valid 60 mo. ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Dennis Burrell Date 7-23-12 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: James Hatley ***REHS*** Date 7-23-12 OPERATION PERMIT by: James Hatley ***REHS*** Date 7-25-12

AUTHORIZATION TO CONSTRUCT by: James Hatley ***REHS*** Date 7-23-12 Existing System Inspected by: ***REHS*** Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant