IREDELL COUNTY HEALTH DEPARTMENT (C)

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

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

PERMIT # 152991 PIN # 3795-06-6730 DATE 22 October 08

OWNER or APPLICANT Larry & Emily Walker PHONE: Business 704-873-3009 Home: 704-585-6134

OWNER or APPLICANT ADDRESS 213 Pressley Farm Rd. Stony Point

LOCATION / DIRECTIONS Old Mtn. Rd. Turn onto Pressley Farm Rd. Prop. on left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 80.4Ac. DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/d/ft²

Septic Tank 1000 Gallons: STB 1012 Date 2-5-08
Pump Tank _____ Gallons: P T _____ Date _____
Pump Make _____ Model _____ Serial # _____
Nitrification Field No Fields 1 No Lines 3 Linear Feet 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required ☐ YES ☐ NO
☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons _____
☐ Other No. Employees _____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Follow contour

Comments / Conditions: ST Has marker. / Toff. right Fillr.

INITIAL SITE SKETCH

Please see Attach / Site plan.

AS BUILT SKETCH

Install as Drawn
Panel-to-panel distribution
Information check

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

Owner / Applicant Signature: Emily Walker Date 10/22/08

Improvement Permit by: _____, R.S. Date 22 Oct. 08

Authorization to Construct by: _____, R.S. Date 22 Oct. 08

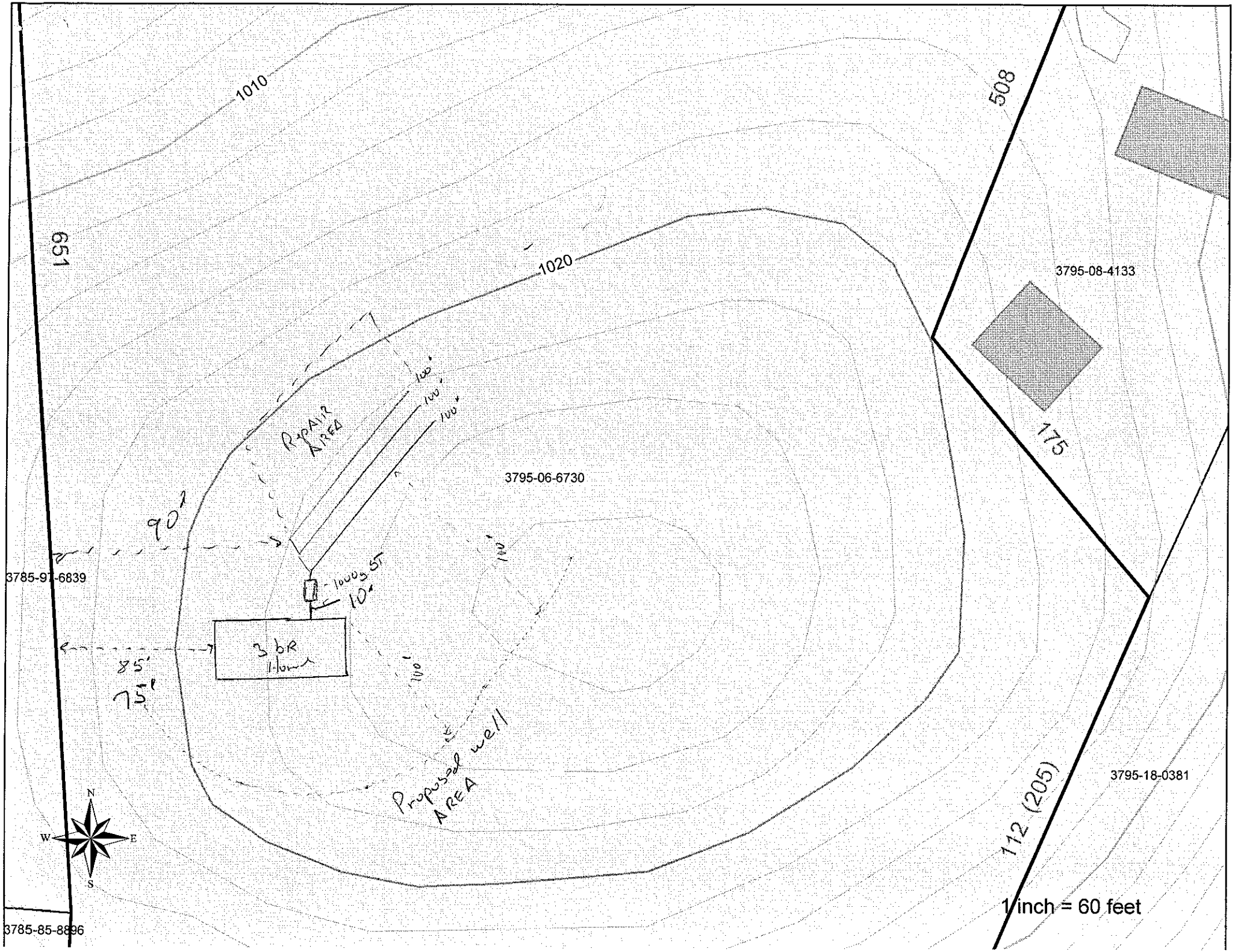
Installed by: _____

Operation Permit by: _____, R.S. Date: 7 November 08

Existing System Inspected by: _____ 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


1010
1020
651
508
175
112 (205)
3795-08-4133
3795-06-6730
3795-18-0381
3785-97-6839
3785-85-8896
REPAIR AREA
100'
100'
100'
90'
10'
10'x5'
3 bR
1-bath
85'
75'
100'
100'
Proposed well AREA
N
W
E
S
1 inch = 60 feet