CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 157292 PIN # 3796879500 DATE 7-8-09

OWNER or APPLICANT Clayton Haynes (White Wolf Prop.) PHONE: Business 704-941-5307 Home:

OWNER or APPLICANT ADDRESS 225 Fairchase Circle

LOCATION / DIRECTIONS Lackey Farm, (R) Sweet Cherry, right on Fairchase

SUBDIVISION FAIRCHASE BLOCK / SECTION 2 LOT # 34 LOT AREA .74 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 760 Date 7-28-09

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 400' (100'x4')

Trench Width 36" Max. Trench Bottom Depth @ 36" Gravel Depth n/a GRAVITY PRESSURE

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required ☐ YES ☒ NO

☒ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

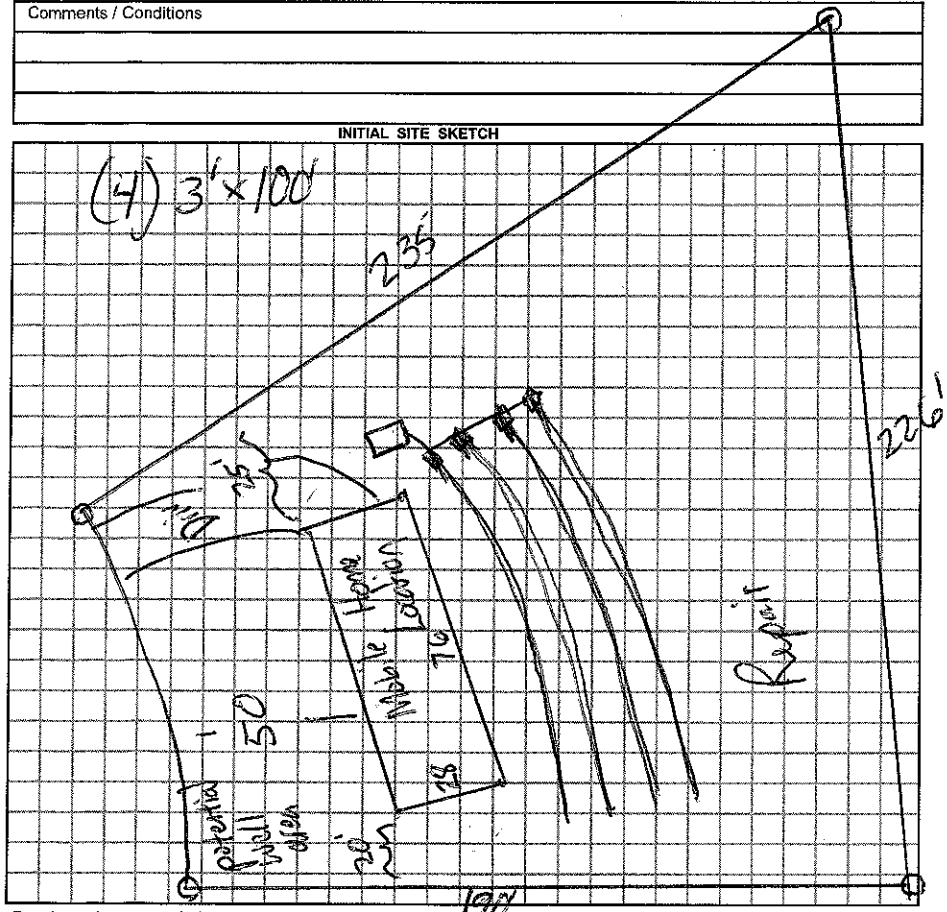
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

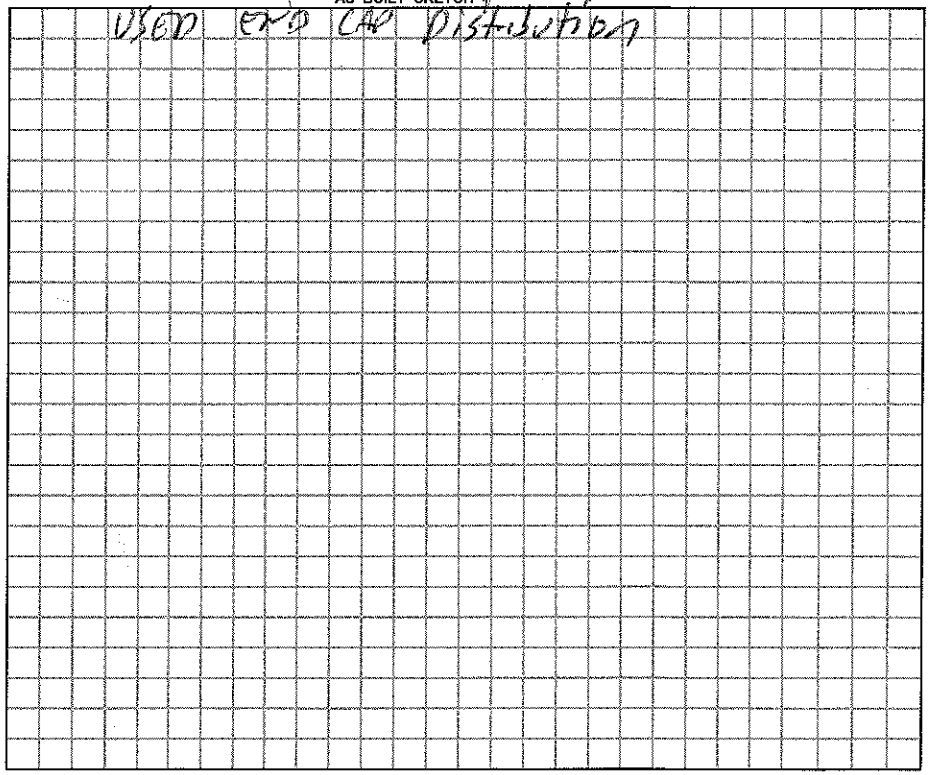
Comments / Conditions

INITIAL SITE SKETCH



Comments / Conditions 1ST LTR'E 14' OFF DOOR/BACK
- Keep DEH which is not in place
5' OFF Septic Line
- System 15' off marked P/L Poly Line Filter & marker

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 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: Clayton Haynes Date 7-9-09

Improvement Permit by: [signature] Date 7-8-9

Authorization to Construct by: [signature] Date 7-8-9

Installed by: ABEE Grading 1011

Operation Permit by: [signature] Date: 7/27/09

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