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 # 174736 PIN # 3797843985 DATE 9-19-12

OWNER Keith Reitzel APPLICANT: CMH Homes PHONE: Home/Cell # 704-883-6148 Business # N/A

SITE ADDRESS 1692 Midway Rd. OWNER / APPLICANT ADDRESS 1692 Midway Rd. Stony Point.

SITE DIRECTIONS 90W TR Midway Rd ~ ½ mile on Left

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 41.83 acres DESIGN FLOW 450 L.T.A.R. Existing

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 535

Trench Width 36" Max. Trench Bottom Depth 30' Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity Conventional

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

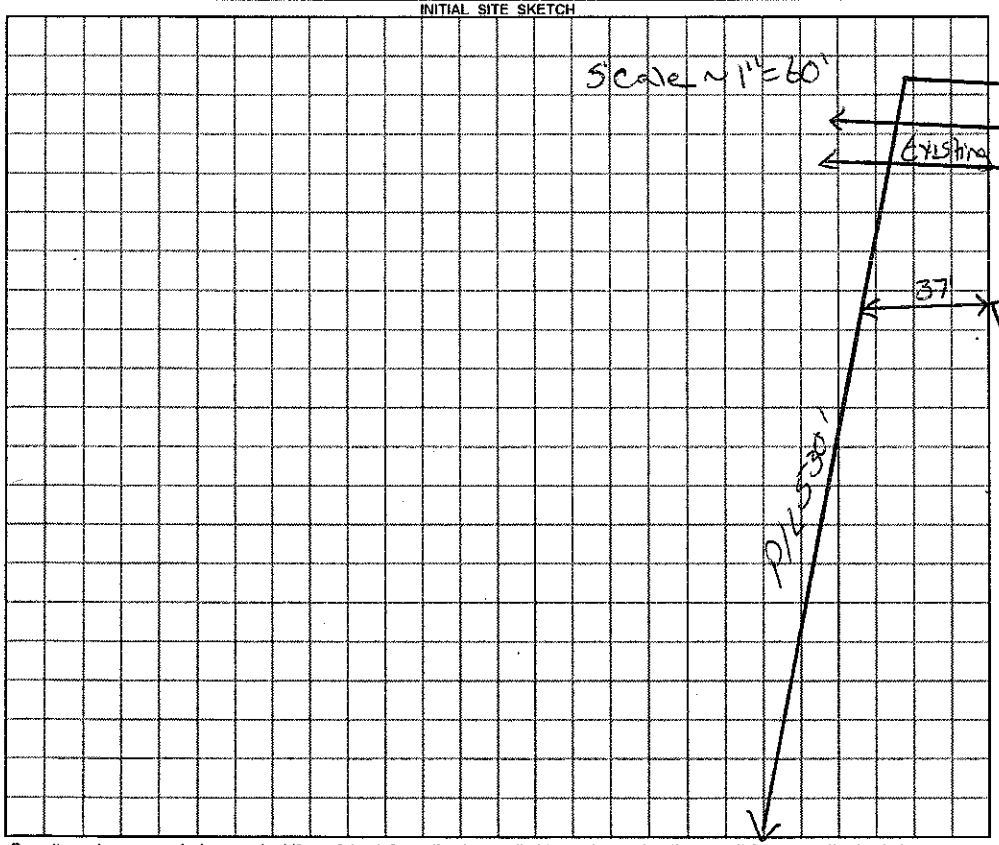
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

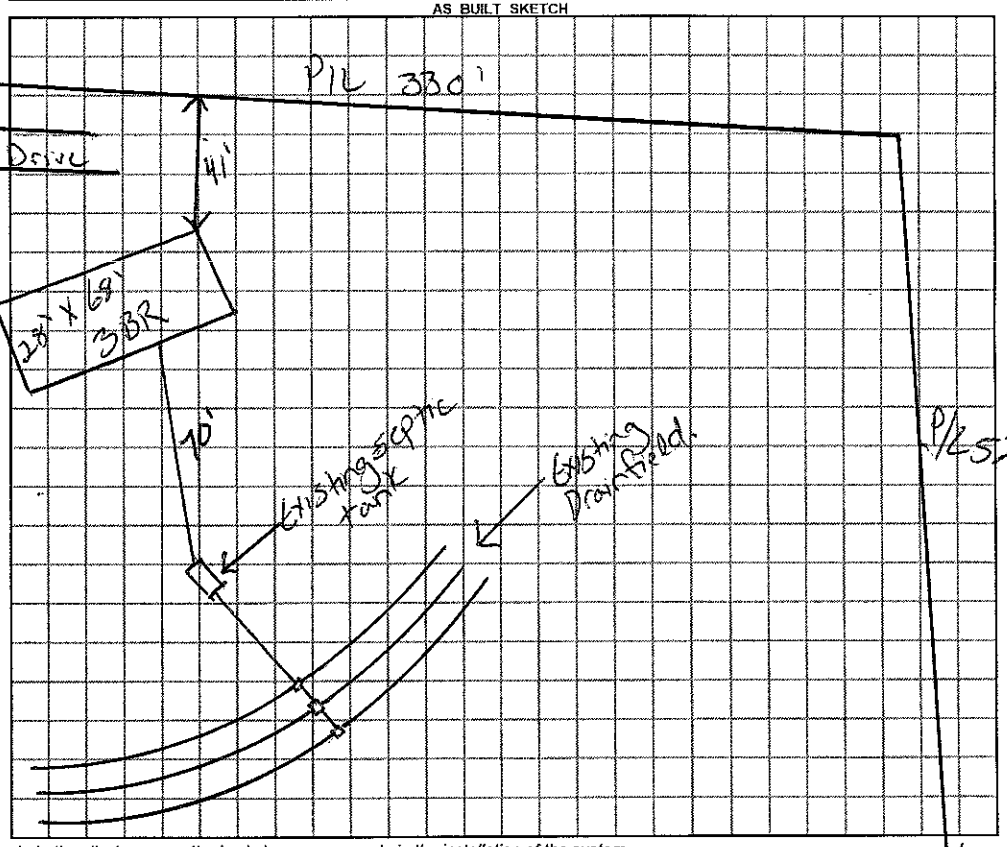
Comments / Conditions

- Maintain a minimum of 5' btw foundation & all components of septic tank system

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: ____ Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ***REHS*** Date ____ OPERATION PERMIT by: ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 9-19-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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