IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 105299 PIN # 4614 92 1929 DATE 1-25-2011

OWNER or APPLICANT Bobby & Janet Faulk / Shaun Ogden PHONE: Business 704 309-6810 Home: 704 662-3122

OWNER or APPLICANT ADDRESS P.O. Box 1281 Davidson, NC 28036

LOCATION / DIRECTIONS Brawley School Rd TR Tuskaroora TL Sylabub TR Bally Castle on right

SUBDIVISION CL&T (Meek Nerk) BLOCK / SECTION C LOT # 335 LOT AREA .81Ac. DESIGN FLOW ____ L.T.A.R. ____

Septic Tank Exist. Gallons: STB ____ Date ____

Pump Tank Exist Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields ____ No Lines Exist Linear Feet ____

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI 3B

System Description: Exist. Pump to Gravel Bed.

Repair System Description: Dwelling Prior to 1983 in Meck Co.

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3 Water Supply

☐ Business No. Persons ____ ☒ Private

☐ Other No. Employees ____ ☐ Public

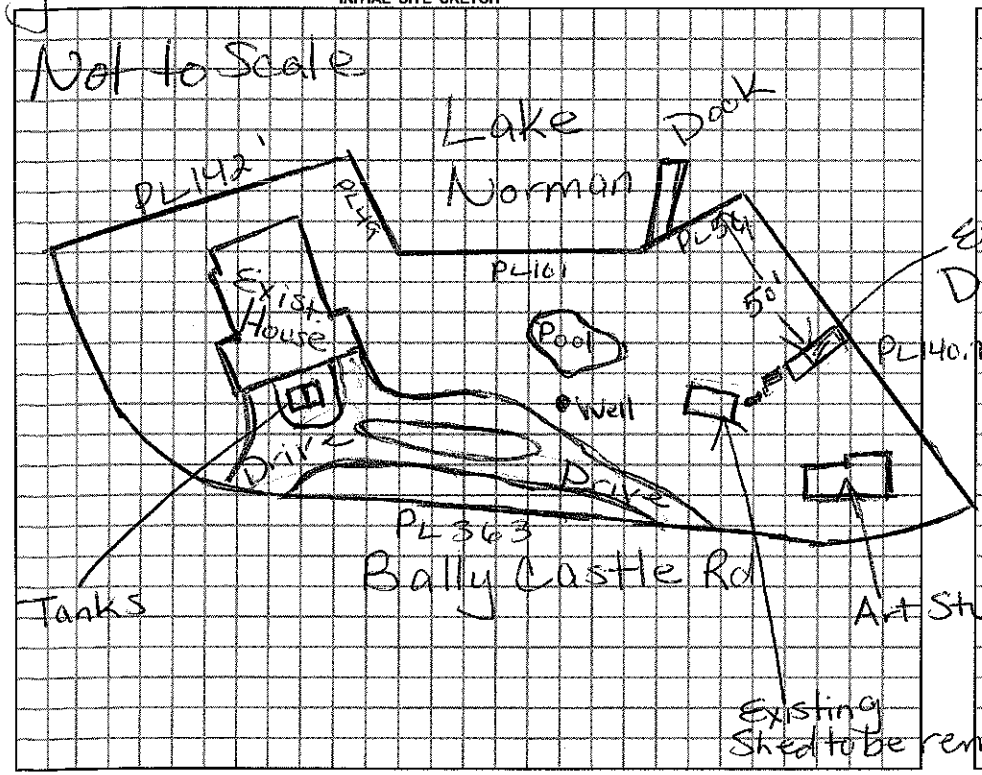
☐ Slab ☐ Crawl Space ☐ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Existing Septic System "appears" to be Functioning okay at time of Inspection. However Drainfield is very deep 5ft & greater so all of it was not Found.

Comments / Conditions: Pool House to replace Existing Shed (where former mh was) Must keep only Bldg. at least (5ft) from Septic System. *All Sewage must go to Approved Tk & PT prior to Drainfield.

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 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: X Bobby Faulk Date 1-26-11

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Maria H Dalton Date: REHS 1/25/2011

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant