FAX 828-241-8596

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4624-72-5051 DATE 5-26-10

OWNER or APPLICANT ROBERT BELTON PHONE: Business 704-664-1043 Home:

OWNER or APPLICANT ADDRESS 147 POINTE END DR

LOCATION / DIRECTIONS VERY END OF ISR

SUBDIVISION CLST BLOCK / SECTION 6 LOT # 448 LOT AREA .7AC DESIGN FLOW 240 GPD L.T.A.R. .31.35

Septic Tank 1000 Gallons: STB 760' Date 8-13-10
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines BED Linear Feet 30'X40' BED
Trench Width ____ Max. Trench Bottom Depth 36" Gravel Depth MIN 12"

☐ New System ☒ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: ____
Repair System Description: GRAVITY GRAVEL BED
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

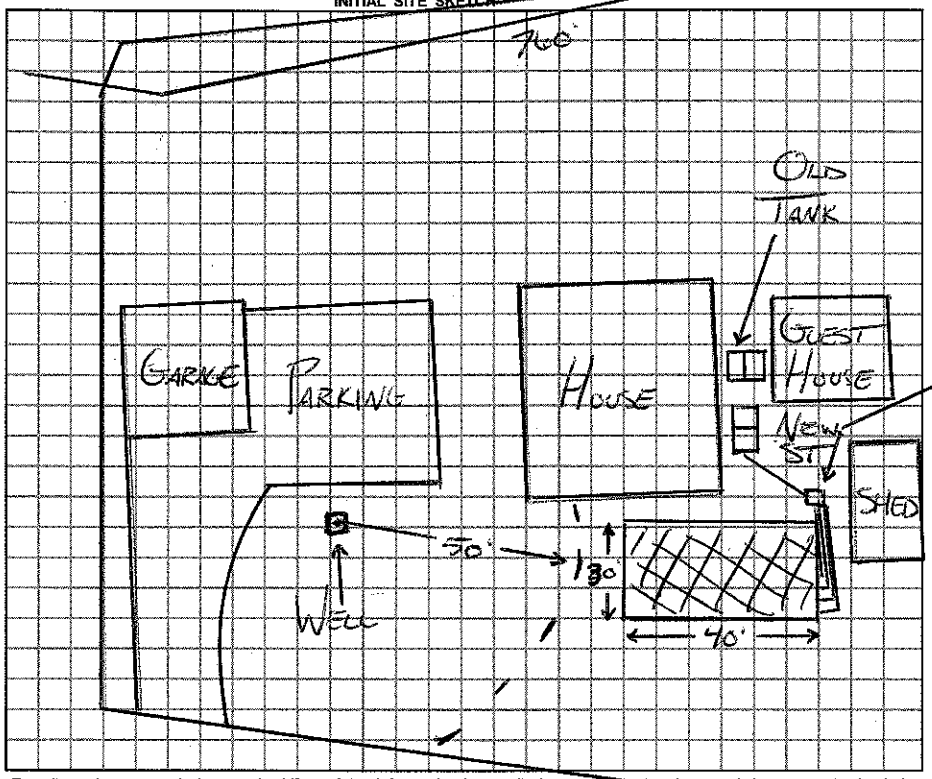
☒ Residence No. Bedrooms 2
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions
LAKE NORMAN

Comments / Conditions: 1) OLD TANK TO BE PUMPED & FILLED 2) ALL PARTS OF SYSTEM MUST BE MIN. 5' FROM FOUNDATION 3) 30% (INCREASED BY 30%) FOR BED SYSTEM

INITIAL SITE SKETCH




AS BUILT SKETCH

30'X40' INSTALLED 600 TONS STONE
12"+ STONE
NEW D-BOX W/ 6-7 OUTLETS
FAXED TO CHARLES BEATTY 1-5-11

*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: ____ Date ____

Improvement Permit by: REHS Date 5-27-10

Authorization to Construct by: REHS Date 7-27-10

Installed by: A-1

Operation Permit By: REHS Date: 7-27-11

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