Fees Paid 9/29/11

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 # REPAIR PIN # 4624-35-6566 DATE 9-29-11

OWNER KEVIN BISHOP APPLICANT: SAME PHONE: Home/Cell # 704-577-4740 Business #

SITE ADDRESS 265 GAMISWOOD DR. OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS BSR, TL 2ND GAMISWOOD, ON R

SUBDIVISION CL+T MECK-NECK BLOCK / SECTION 6 LOT # 493 LOT AREA 1.831 AC DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 9-6-11

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 6 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description:

Repair System Description: 25% RED.

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

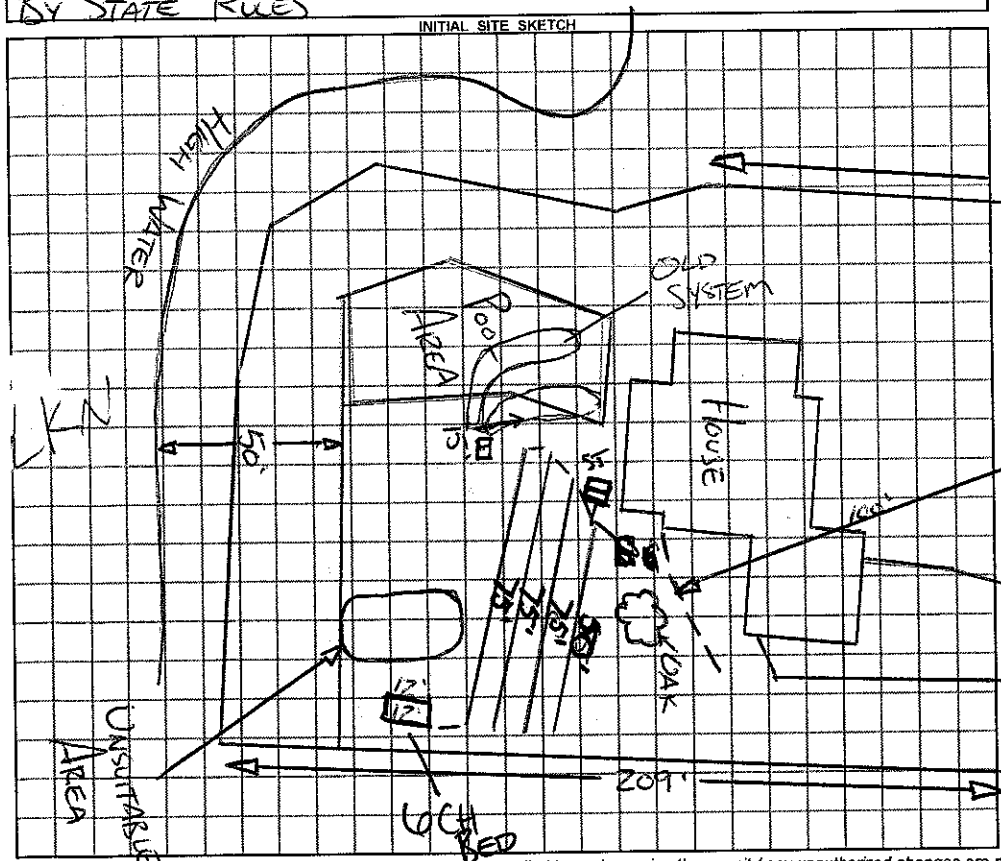
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

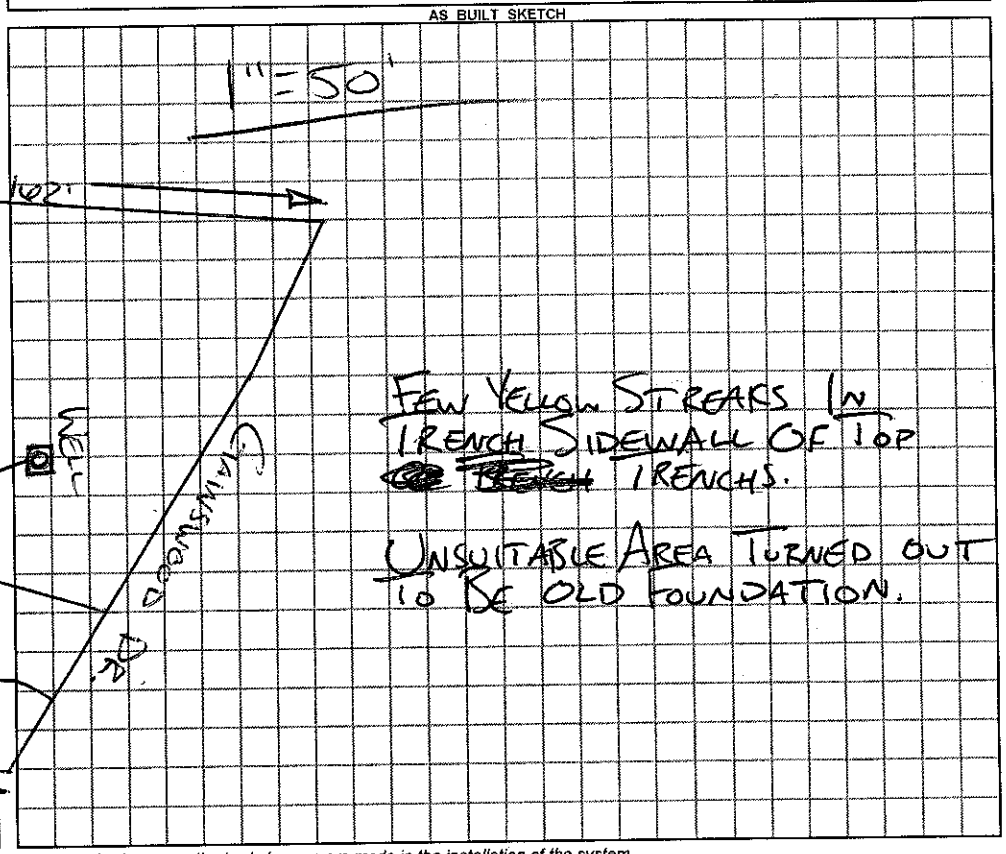
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: (1) STAY MIN 5' FROM (1) AREA (2) FEED 2@12' FROM END OF LAST 75' LINE (3) WHEN POOL IS INSTALLED OLD DRAIN FIELD & TANK MUST BE ABANDOND BY STATE RULES

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 10/4/11

IMPROVEMENT PERMIT by: B. A. REHS Date 9-29-11

AUTHORIZATION TO CONSTRUCT by: B. A. REHS 9-29-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO

Installed by: WASTEWATER SOLUTIONS

OPERATION PERMIT by: B. A. REHS Date 10-13-11

Existing System Inspected by: ____ REHS Date ____

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