IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 157030 PIN # 4602508 7917 DATE 6/18/09

OWNER or APPLICANT Michael Young PHONE: Business 704.363.5573 Home: 704.664.2774

OWNER or APPLICANT ADDRESS 221 Fallowfield Dr. Mooresville

LOCATION / DIRECTIONS Brawley School Road, TR Chockwood, TL Beaver, TL old Arbor way, on left

SUBDIVISION Clint BLOCK / SECTION 7 LOT # 138 LOT AREA 0.77 DESIGN FLOW 360 L.T.A.R. —

Septic Tank exist-1000 Gallons: STB — Date —

Pump Tank — Gallons: PT Date

Pump Make — Model — Serial #

Nitrification Field No Fields 1 No Lines bed Linear Feet exist

Trench Width bed Max. Trench Bottom Depth exist Gravel Depth exist ☑ GRAVITY ☐ PRESSURE

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

System Description: existing gravel bed

Repair System Description: exempt

Maintenance Agreement Required ☐ YES ☑ NO

☑ 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

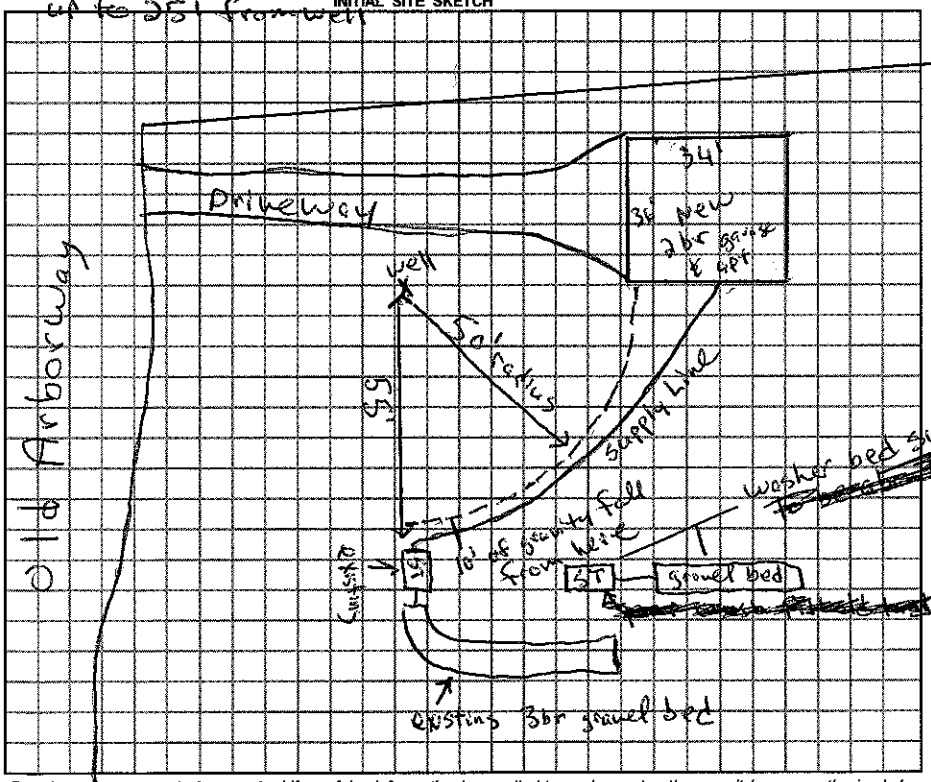
Comments / Conditions * Existing system only / Do not occupy new construction until old trailer is disconnected from system & moved

* Supply line must be 50' from well or ductile iron up to 25' from well

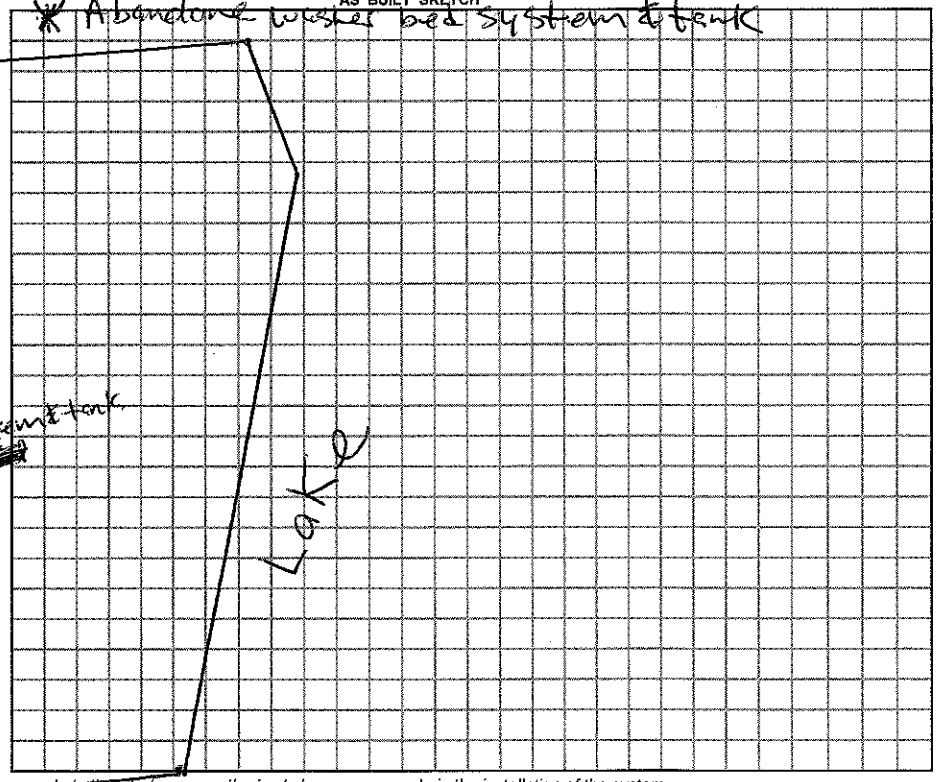
Comments / Conditions * Use grinder pump to move wastewater to tank / supply line must hook into a 4" gravity line not less than 10 feet from the connection to the tank through a lateral wye branch.

* Abandon washer bed system & tank

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: [signature] Date 6-26-09

Improvement Permit by: Date

Authorization to Construct by: Date

Installed by:

Operation Permit by: Date:

Existing System Inspected by: [signature] Date: 6/18/09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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