IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # _____ PIN # 4675-64-8703 DATE 7-9-12

OWNER or APPLICANT Tom & Laura Futch PHONE: Business 704-799-9982 Home: → Jasper Builders

OWNER or APPLICANT ADDRESS 105 Standish Ln

LOCATION / DIRECTIONS RSR, Stonewall Beach, Corner of Stonewall Beach & Standish

SUBDIVISION The Point BLOCK / SECTION 6 LOT # 643 LOT AREA .9AC DESIGN FLOW 600 L.T.A.R. .3

Septic Tank Ex. 1500 Gallons: STB _____ Date _____

Pump Tank Ex. 1500 Gallons: PT _____ Date _____

Pump Make Goulds Model WE0312 Serial # _____

Nitrification Field No Fields ____ No Lines ____ Linear Feet EXISTING

Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

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

System Description: PM - 25% Red. EZ Flow

Repair System Description: LP - Panel

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons _____

☒ Other No. Employees _____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Pool must be 15' from septic. Any decking may go 5' from septic.

Comments / Conditions: Pool

INITIAL SITE SKETCH

1" = 50'

145'

DRIVE WAY

AS-BUILT SKETCH

211'

PM

ST PT

REPAIR

SEWER

HOUSE

15'

AREA

POOL

150'

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 7/11/2012

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

Installed by: R&H

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ REHS Date: 7-9-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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