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 # 168834 PIN # 4625-78-5417 DATE 10-19-11

OWNER DAVID YAGER APPLICANT: JASPER BUILDERS PHONE: Home/Cell # 704-799-9982 Business #

SITE ADDRESS 152 WHITE HORSE DR OWNER / APPLICANT ADDRESS

SITE DIRECTIONS BSR, TR MARSTONS MILL, TL WHITE HORSE, ON R

SUBDIVISION THE POINT BLOCK / SECTION 4 LOT # 413 LOT AREA 1.041 AC DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 444 Date 2-19-12 ☑ New System ☐ Repair ☐ Expansion System Type I II III (IV) V VI

Pump Tank 1000 Gallons: PT 27 Date 3-9-12 System Description: LP- PANEL BLOCK

Pump Make Model Serial # Repair System Description: SAME

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 275' Maintenance Agreement Required ☑ YES ☐ NO

Trench Width 24-36" Max. Trench Bottom Depth 36" Gravel Depth SAND ☐ GRAVITY ☑ PRESSURE

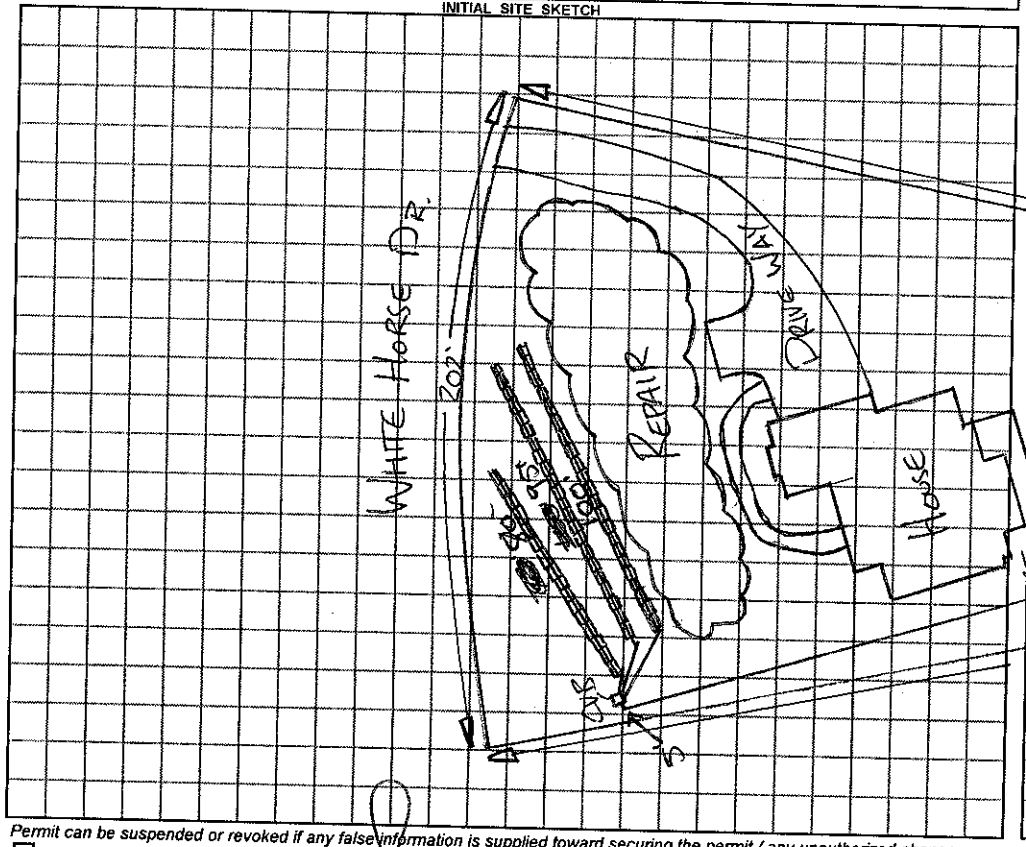
☑ Residence No. Bedrooms 4 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☐ Private ☐ Public ☑ Community

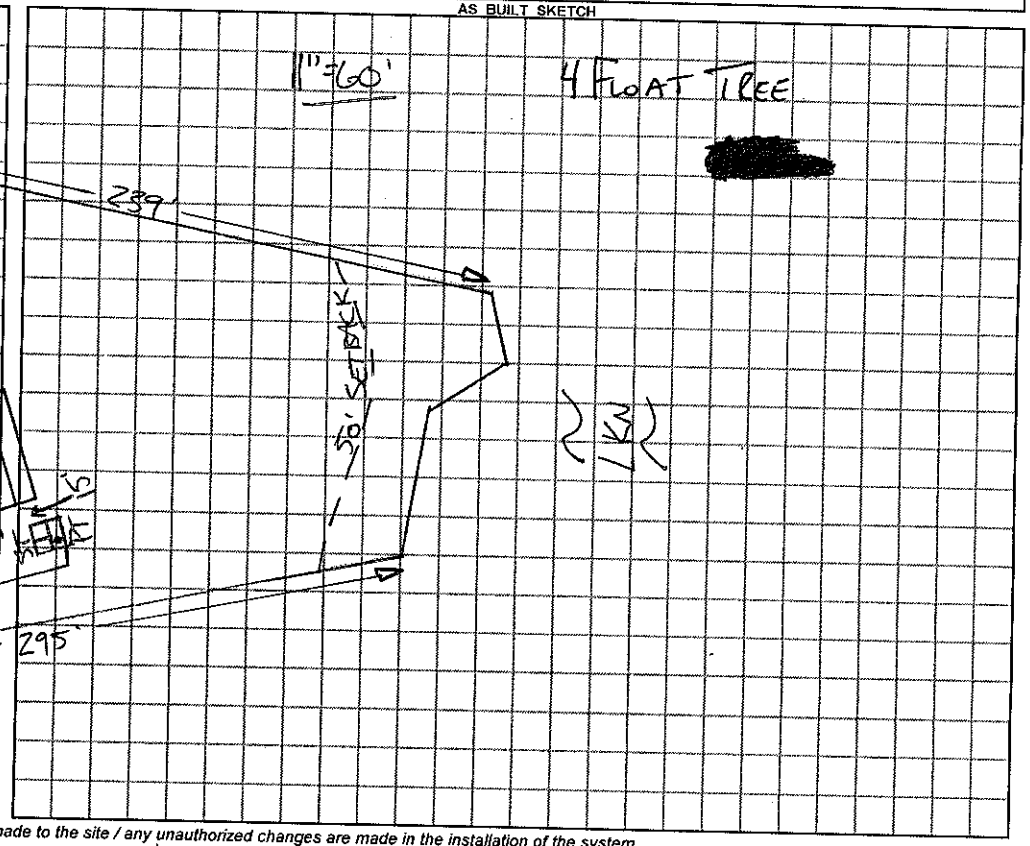
Comments / Conditions ① TANKS MUST BE 15' OFF SIDE OF BASEMENT

② IN-LINE FILTER IN PT

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 Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: ***REHS*** Date 10-19-11 OPERATION PERMIT by: ***REHS*** Date 7-20-12

AUTHORIZATION TO CONSTRUCT by: ***REHS*** Date 10-19-11 Existing System Inspected by: ***REHS*** 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