IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # _____ PIN # 4625910855 DATE 8-26-10

OWNER or APPLICANT TERRANCE PELIND PHONE: Business 704-881-1036 Home: 704-799-3279

OWNER or APPLICANT ADDRESS 284 MILFORD CR 28117

LOCATION / DIRECTIONS RSR, TL YACHT, TL MILFORD, 284

SUBDIVISION THE POINT BLOCK / SECTION 13 LOT # 1355 LOT AREA _____ DESIGN FLOW 480 GPD L.T.A.R. 125/.3R

Septic Tank EX 1500 Gallons: STB _____ Date _____

Pump Tank EX 1000 Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields _____ No Lines _____ Linear Feet _____

Trench Width _____ EXISTING Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: PM - 25% REDUCTION

Repair System Description: LP - PANEL BLOCK

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons _____ ☒ Other No. Employees _____

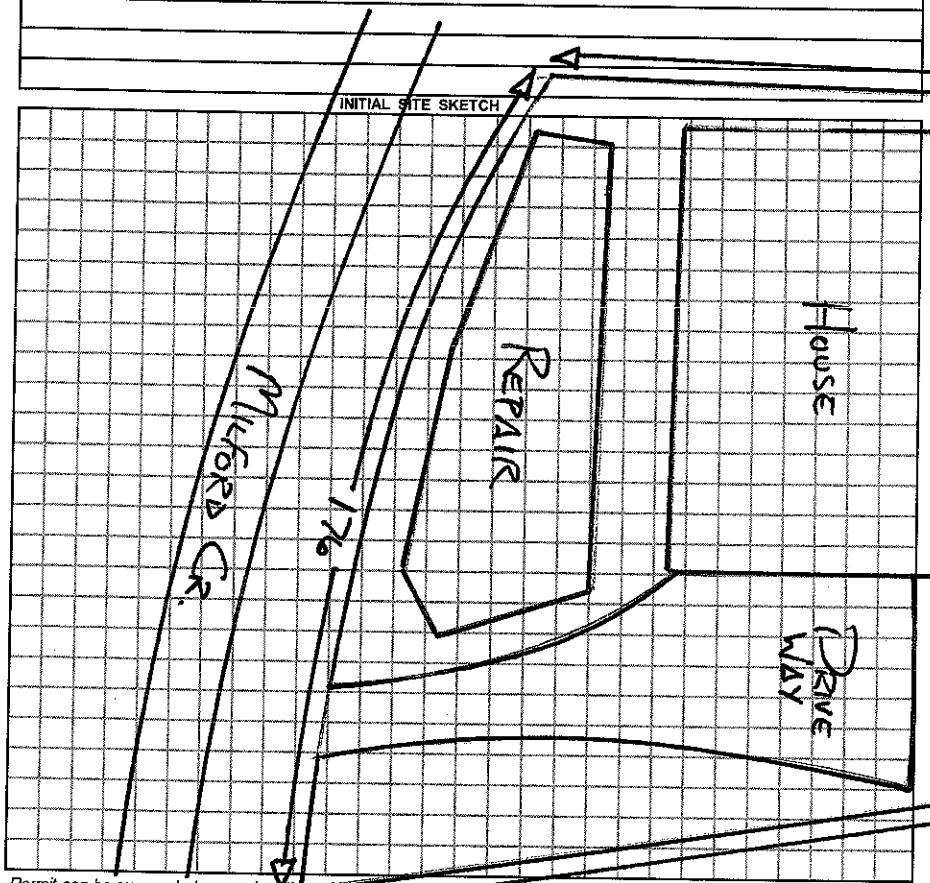
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

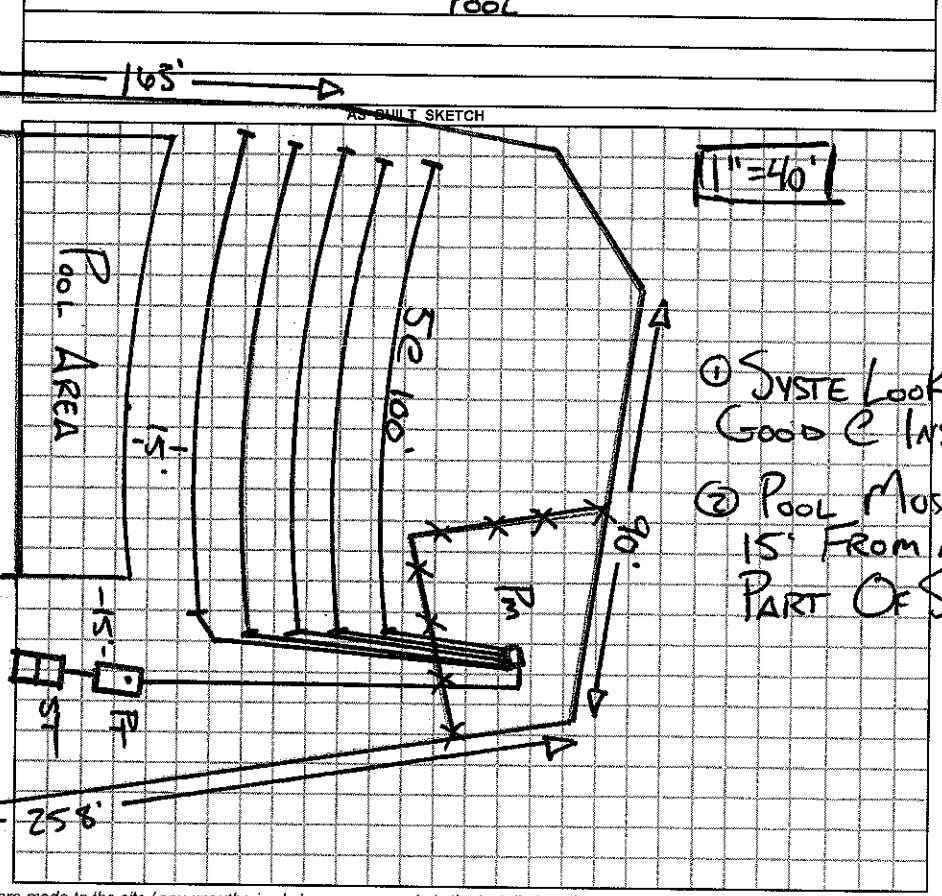
Comments / Conditions

Comments / Conditions: POOL

INITIAL SITE SKETCH



AS-BUILT SKETCH



① SYSTE LOOKS GOOD @ INSPECTION

② POOL MUST BE 15' FROM ANY PART OF SEPTIC

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: _____ Date _____

Authorzation to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ REHS Date: 8-26-10

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