IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 118759

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

PIN # 4626361824

APPLICANT: KEITH WESTPHAL APPLICANT ADDRESS: 133 FULTON FARM LN. 28117

SITE ADDRESS: BAYBERRY CREEK CIR. PHONE: 704-982-1414 ALT. PHONE:

SITE DIRECTIONS: RSR, TR McKENDREE, TL BAYBERRY CREEK

SUBDIVISION: THE FARMS SECTION: 3 LOT # 370 LOT AREA: .71 Ac DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 390 Date 4-20-12
Pump Tank 1000 (gal) PT 3603 Date 9-13-
Pump Make Gould PS Model HP HU Serial #
Nitrification Fields 1 # Lines 5C80 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM - 25% REDUCTION
Repair System Description: LP - PANEL
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

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

Water Supply: ☐ Private ☐ Public ☒ Community ☐ Basement w/o plumbing

Comments / Conditions:

6 inches / 2 minutes
2ft pressure set.

INITIAL SITE SKETCH

SEE ATTACHED PLAN BY
S & ME
APPROVED BY ICHD

AS BUILT SKETCH

INSTALLED AS SHOWN
20 CK. PER DITCH
CHECKED LINES 10-30-13

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with 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: 6-19-13 Installed by: STANLEY PS

IMPROVEMENT PERMIT by: Date: 6-18-13 OPERATION PERMIT by: Date: 11/19/1

AUTHORIZATION TO CONSTRUCT by: Date: 6-19-13 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK