IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 163542 PIN # 4626476466 DATE 10-15-2010

OWNER or APPLICANT Whitehead - Boyd / Tony Palma PHONE: Business 704 507-6525 Home: 704 664-7099 (Palma)

OWNER or APPLICANT ADDRESS 15720 John J Delaney Dr Charlotte NC 28277

LOCATION / DIRECTIONS Brawley School Rd TR McKendree TL Kemp TL Gove Creek Ln near end on left #127

SUBDIVISION The Farms BLOCK / SECTION LOT # 398 LOT AREA .837Ac DESIGN FLOW 480gpd L.T.A.R. .25

Exist Septic Tank 1500 Gallons: STB Date

Pump Tank 1000 Gallons: P T Date

Pump Make Model Serial #

Exist Nitrification Field No Fields 1 No Lines 10 Linear Feet 320'

Trench Width 24-36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Exist Pump-(LP) Panel Blk.

Repair System Description: Same

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 Water Supply

☐ Business No. Persons ☐ Private

☐ Other No. Employees ☒ Public

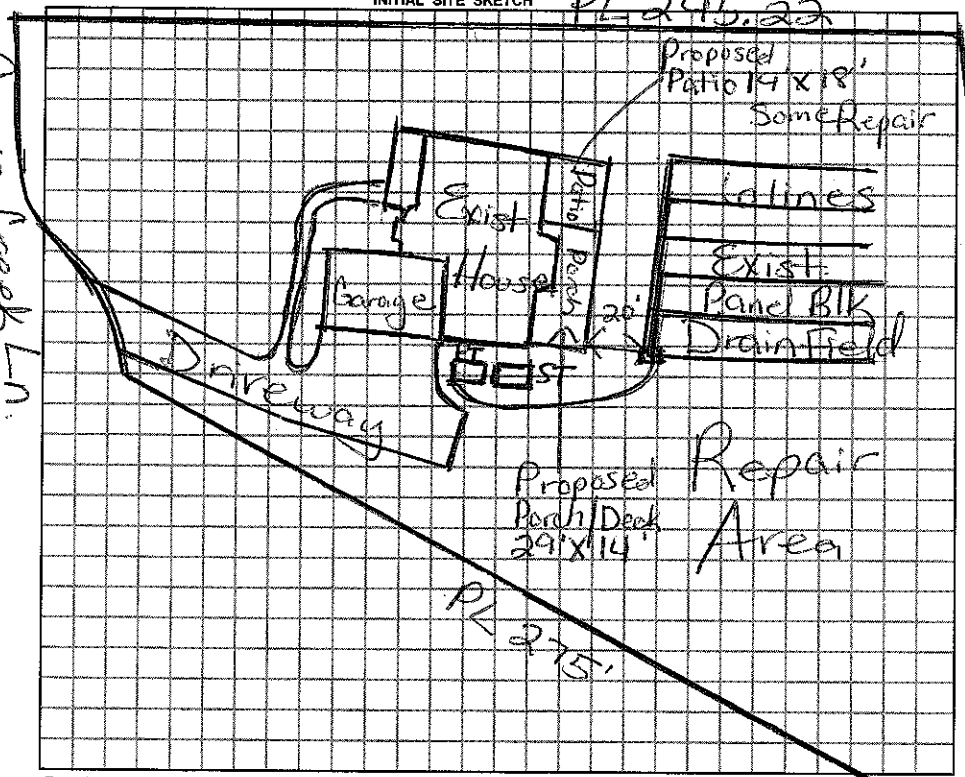
☐ Slab ☐ Crawl Space ☒ Community

☐ Basement w/plumbing ☐ Basement w/o plumbing

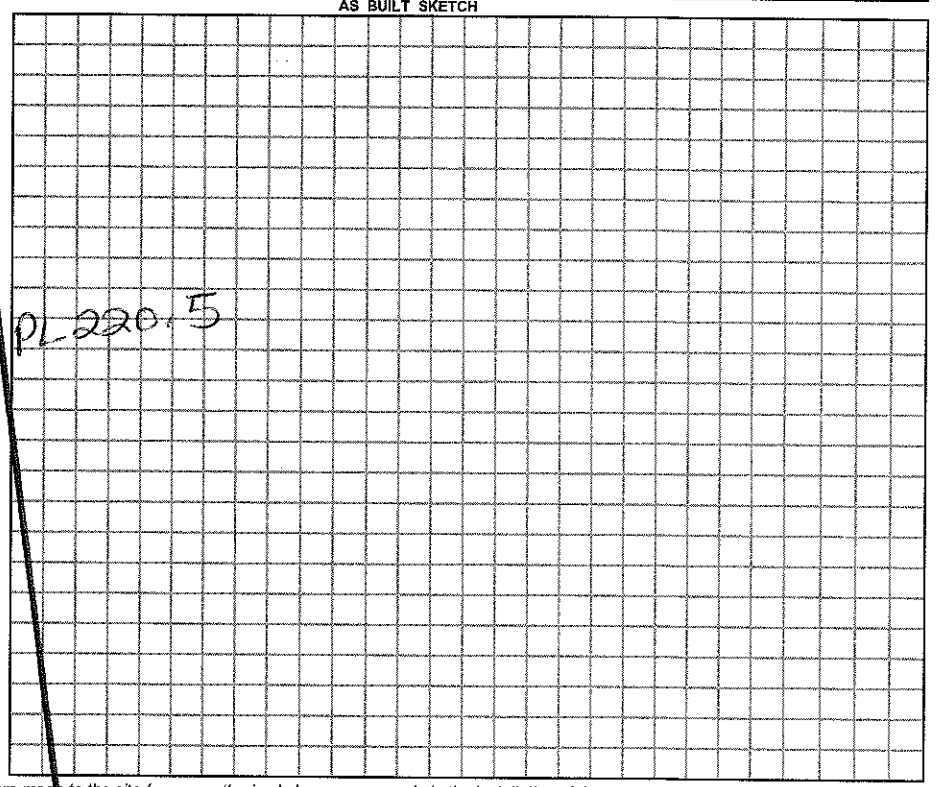
Comments / Conditions Existing Septic System appears to be functioning okay at time of inspection. Scale 1:50

Comments / Conditions Any Building Foundation and/or Footers must be at least 5FT From Septic System. OK to build addition As Shown.

INITIAL SITE SKETCH PL-245.22



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 10/15/10

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: [signature] RESHS Date: 10/15/2010

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