# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 39346 PIN# ~~4626581913.588~~ 4626582479 DATE 12-14-07

OWNER OR APPLICANT GP Kan Custom Builders Inc PHONE: Business 828 478-9699 Home

ADDRESS P.O. Box 62 Sherrills Ford, NC

LOCATION Brawley School Rd TR McKendree TR Grasshopper on right

SUBDIVISION The Farms BLOCK / SECTION 5 LOT 588 LOT AREA .73 Acre SITE CLASS RS DESIGN FLOW 480 gpd T.A.R. .3 initial / .25 repair

Septic Tank: 1500* Gallons: STB 444 Date 4-21-08

Pump Tank: 1000* Gallons: PT 27 Date 6-1-08

Pump Make Gould Model WE0312 Serial No.

Nitrification Field: No Fields 1 Square Feet 810 Linear Feet 270'

No Lines 3 Trench Width As Note Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☐ Pressure

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

System Description: Pump - LP - Panel Blk

Repair System Description:

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

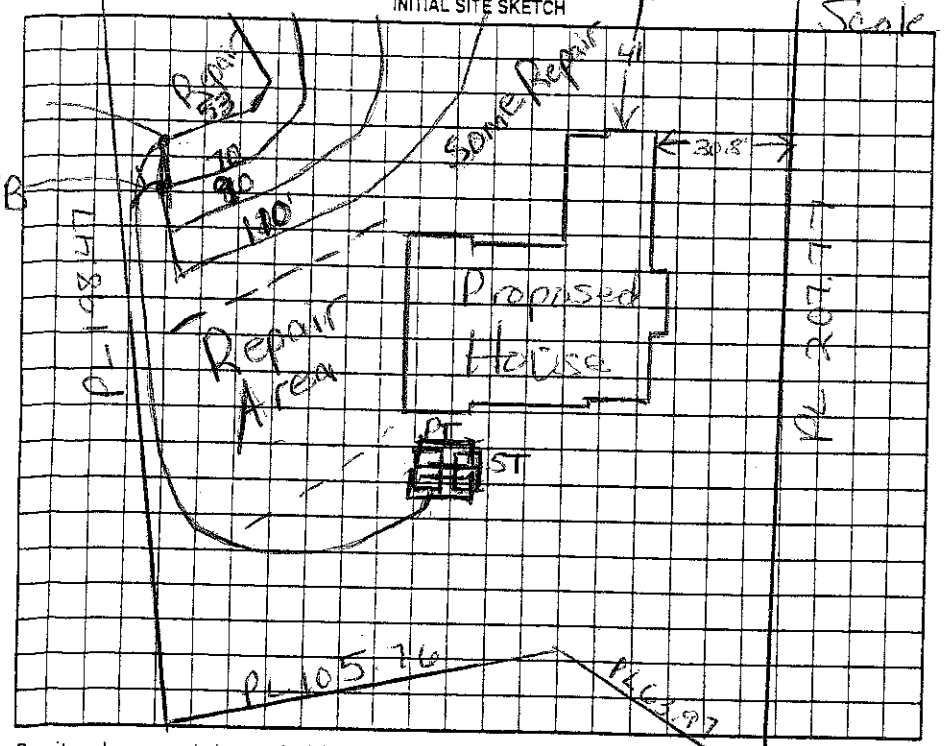
☐ Other

Water Supply: ☐ Individual ☒ Public ☒ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: * Per plan Speas, Original Site evaluation and design performed by S & ME ~~& Grasshopper~~ Inc Scale 1:50

INITIAL SITE SKETCH




Scale 1:50

Comments/Conditions: * Use trench width as stated in Crescent Comm. Manuel 12/18/07 Reviewed Floorplans, in Compliance with original permit.

AS BUILT SKETCH

1000 gal PT required
3/16" hole
Partial check of upper lines

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 site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ RS date _____

Improvement Permit by: [signature] RS date 12/14/07

Authorization to Construct by: [signature] RS date 12/18/07

Installed by: R & H RS

Operation Permit by: [signature] RS date 11/19/08

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK