400

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 126506 PIN# 4626 68 9488 DATE 5/16/06

OWNER OR APPLICANT George Fogle PHONE: Business 704-875-3060 Home 704-895-4005

ADDRESS 18418 Turnberry Ct Davidson, NC. 28036

LOCATION 1100 TR Blum TL Beechtree on R past Kings Crossing

SUBDIVISION CL+T BLOCK / SECTION 8 LOT 494 LOT AREA .78 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 197 Date 1/29/07
Pump Tank: 1000 Gallons; PT 274 Date 1/29/07
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 532 Linear Feet 266
No Lines 4 Trench Width 2' Max Trench Bottom Depth 3'

[X] New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP 16" PP BRS
Repair System Description: < 83 Deed
Maintenance Agreement Required: [X] Yes ☐ No

[X] House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

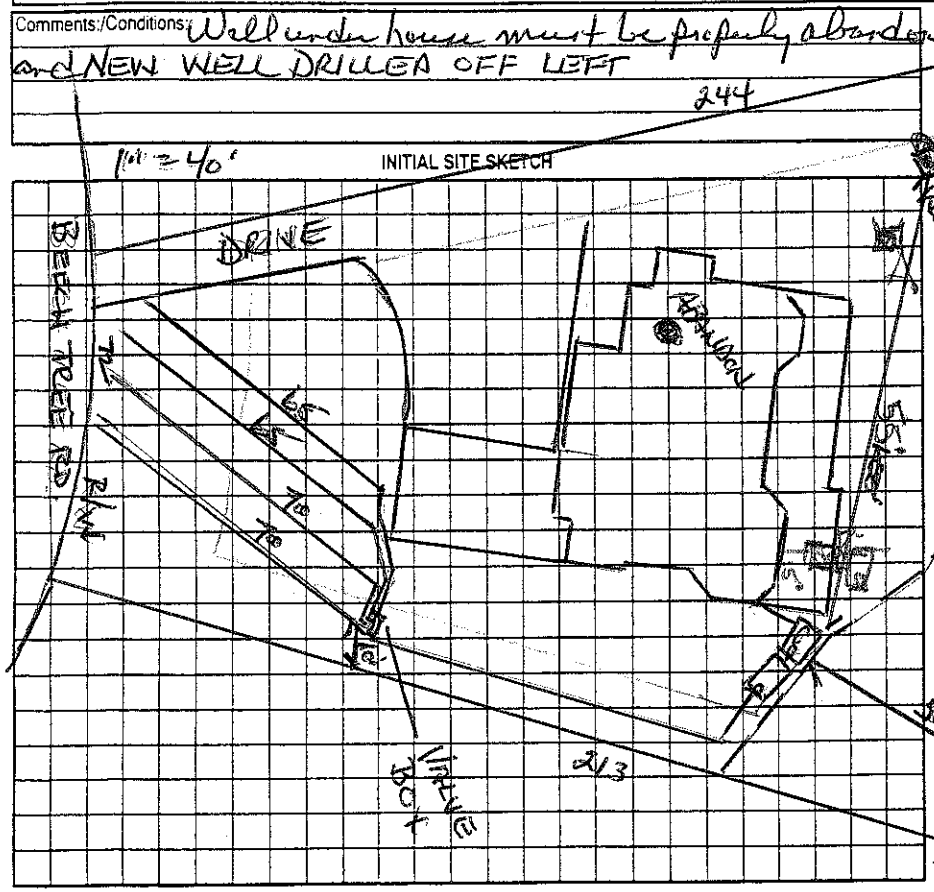
Water Supply: [X] Individual ☐ Public ☐ Community

Gravel Depth No ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space [X] Basement w/plumbing ☐ Basement wo/plumbing

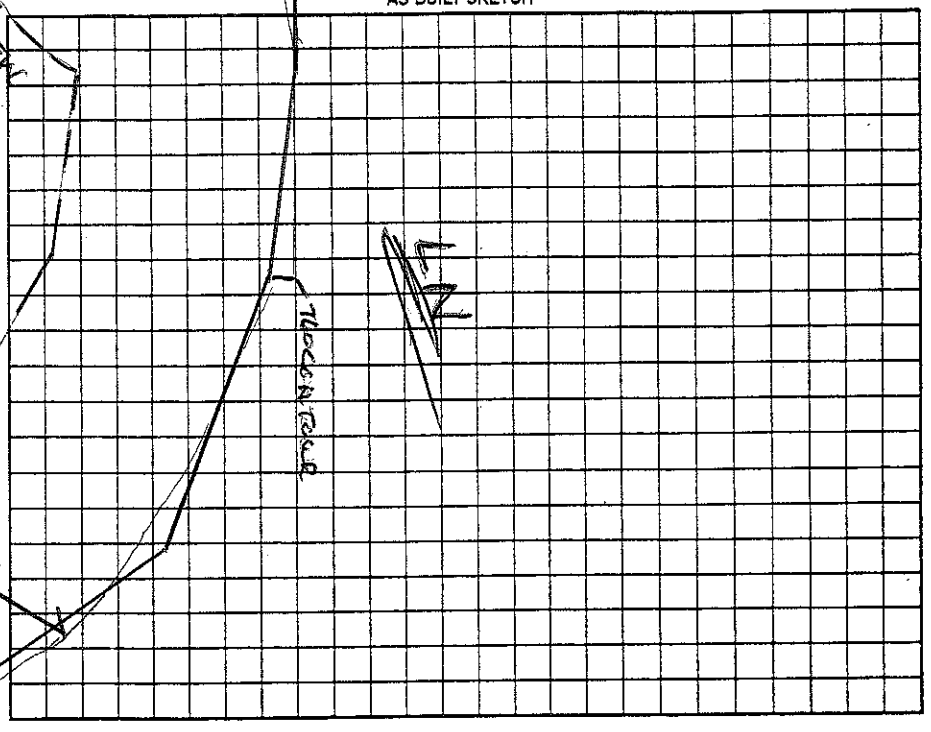
Comments:/Conditions: Well under house must be properly abandoned and NEW WELL DRILLED OFF LEFT

Comments:/Conditions:

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~~ 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: [signature] date 5/16/06 Installed by: Wayne Clontz

Improvement Permit by: Wesley Sparks R.S. date 5/16/06 Operation Permit by: Wesley Sparks R.S. date 5/16/07

Authorization to Construct by: Wesley Sparks R.S. date 5/16/06 Existing System Inspection by: _____ date _____

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