Repair

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # N/A (Repair) PIN # 4624741649 7 DATE 8-13-2010

OWNER or APPLICANT Stephen & Debra Smith PHONE: Business Steve 704 716-0818 Home: 704 664-6643

OWNER or APPLICANT ADDRESS 232 Digh Circle Mooresville NC 28117

LOCATION / DIRECTIONS Brawley Sch TR Mkendree TR Digh Circle, bear to right @ Fork #232

SUBDIVISION C & T BLOCK / SECTION 8 LOT # 375 LOT AREA 1.01AC DESIGN FLOW 240gpd L.T.A.R. V.3

EXIST

Septic Tank Exist Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No. Fields 1 No. Lines 3 Linear Feet 195'

Trench Width 9ft (Bed) Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity - Gravel Bed

Repair System Description: Gravity - 25% Red. Bed

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

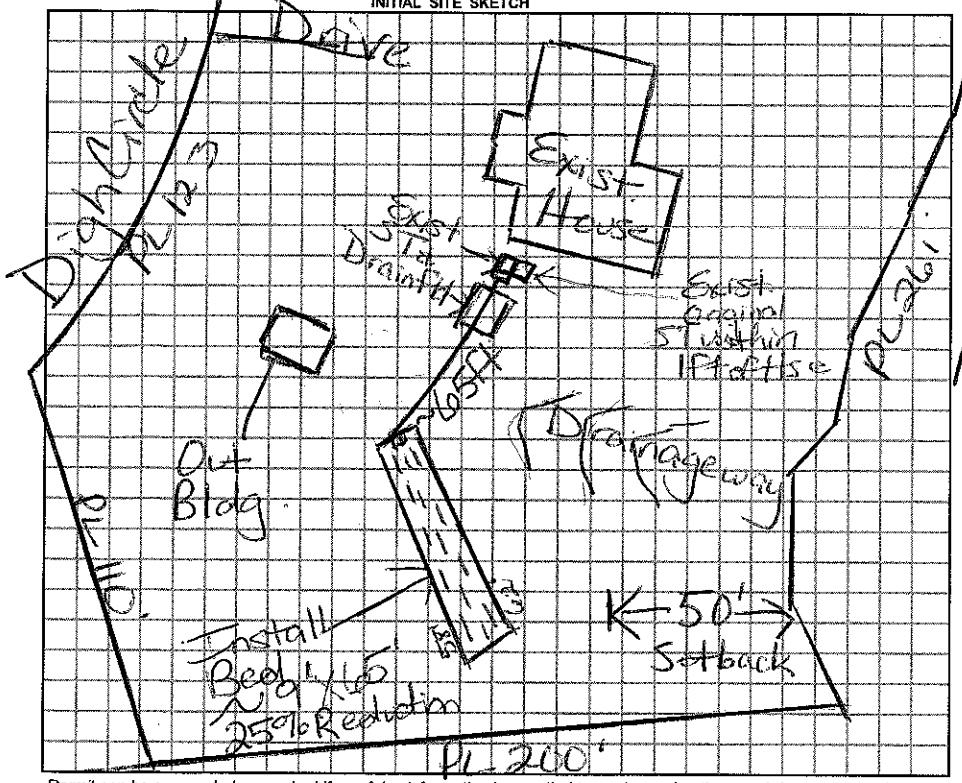
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions

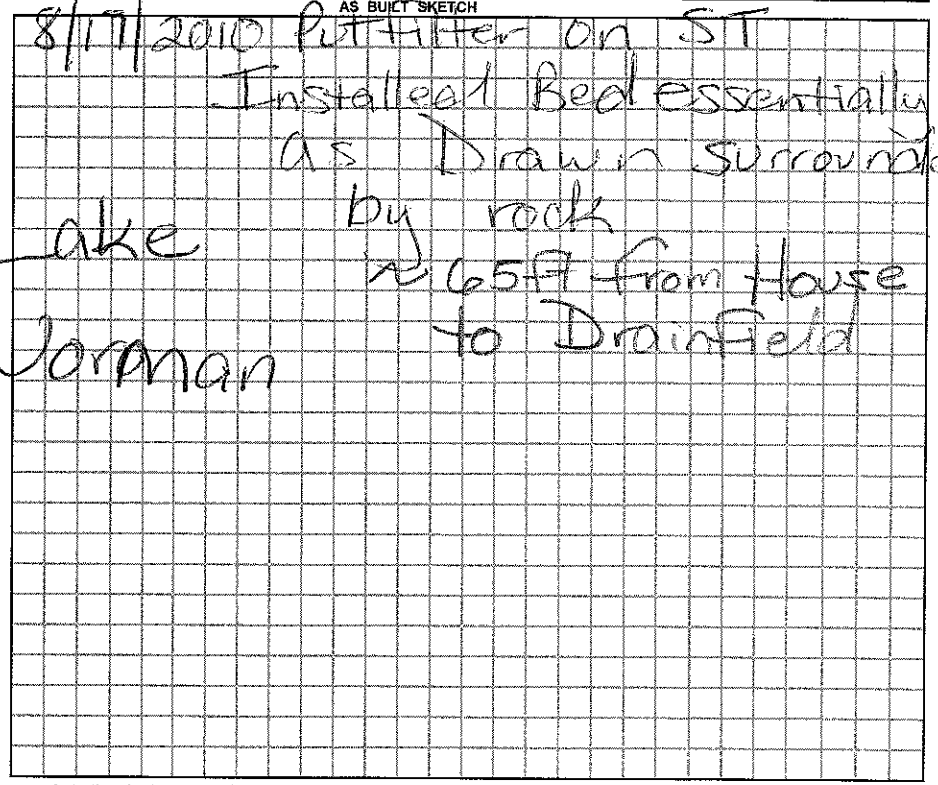
PL 200'

Comments / Conditions: Having existing ST pumped if ST is not structurally sound it will have to be replaced. At least 5ft From House.

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 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: Debra Smith Date 8/16/2010 Installed by: C.W Grayson RS

Improvement Permit by: Maria H. Olson RS Date 8/13/2010 Operation Permit by: Maria H. Olson RS Date: 8/17/2010

Authorzation to Construct by: Maria H. Olson RS Date 8/13/2010 Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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