IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 107341 PIN# 4627-85-1379 DATE 5/2/05

OWNER OR CONTRACTOR Charles Long PHONE: Business _____ Home _____

ADDRESS 1607 Scales St. Raleigh NC 27608

LOCATION BSR, TR Blume, TL Beaten Path, TR Asbury Cir on RT

SUBDIVISION CL+T BLOCK / SECTION 9 LOT 81 LOT AREA 0.974c SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB 794 Date 3-8-05

Pump Tank: 1000 Gallons; PT 27 Date 4-20-05

Pump Make: Goulds Model WE0312M Serial No. _____

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

No Lines 5 Trench Width 24" or 36" Max Trench Bottom Depth 36" Gravel Depth —

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

System Description: LPD and Block

Repair System Description: None - Deeded from Lot

Maintenance Agreement Required: ☒ Yes ☐ No 1963

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms _____

☐ Business No. Employees _____

☐ Other _____

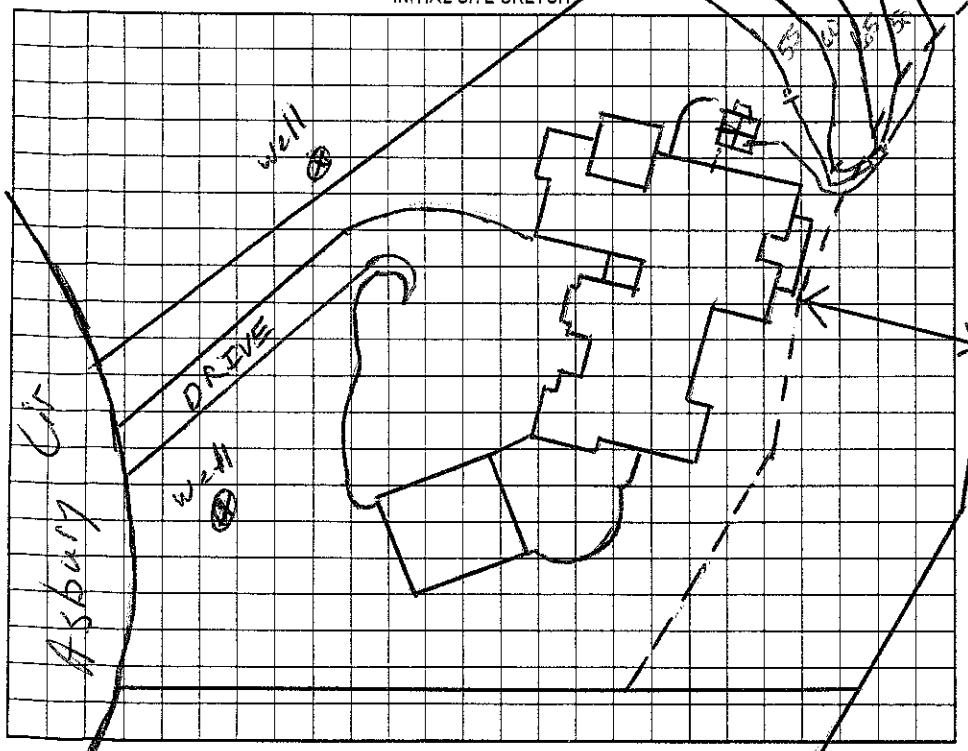
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: 8Foc 9Foc

1" = 50'

INITIAL SITE SKETCH

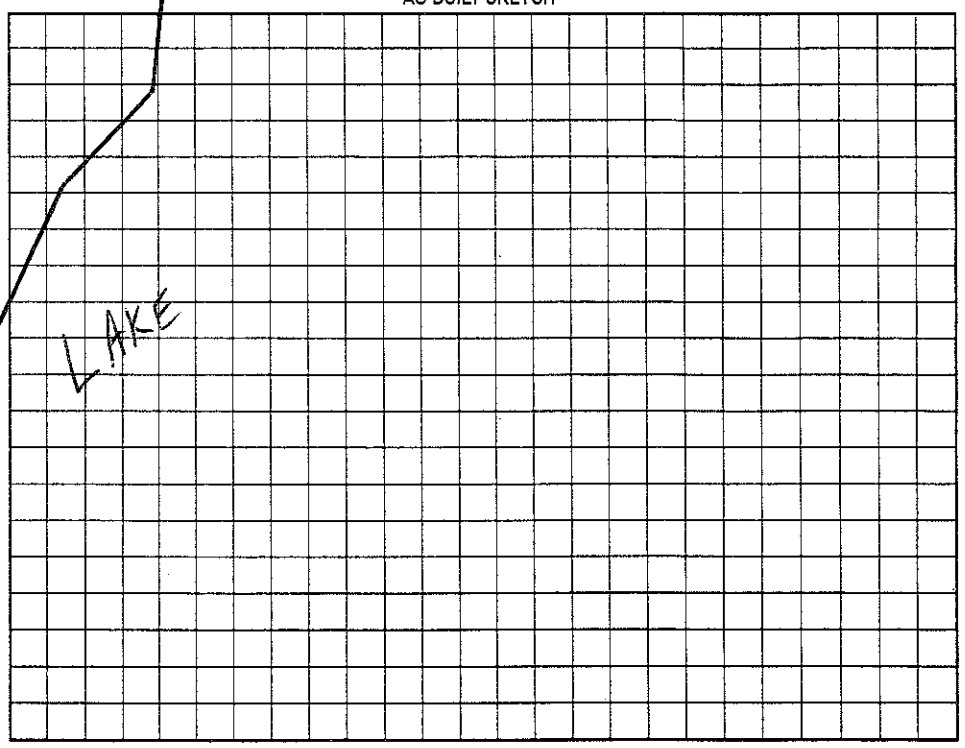


Comments:/Conditions: Checked lines 5/19/05 MD

Checked tanks 5/21/05 MD

Checked pressure 6/15/05 MD

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: Charles Long date 5-2-05 Installed by: R&T RS

Improvement Permit by: RS date 5/2/05 Operation Permit by: Marian Dotson RS date 6/15/05

Authorization to Construct by: RS date 5/2/05 Existing System Inspection by: _____ date _____

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