IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) MOORESVILLE 704-664-5281

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

PERMIT # 142980 PIN # 4629-45-4603 DATE 4-27-09

OWNER or APPLICANT James - Linda Haynes PHONE: Business 336-413-1298 Home: 336-766-8237

OWNER or APPLICANT ADDRESS 110 Roundstone Road Mountain NC 28682

LOCATION / DIRECTIONS 21 S (TR) State Park Rd (TR) Roundstone on right 5th Lot

SUBDIVISION BLOCK / SECTION LOT # 184 LOT AREA .79 DESIGN FLOW 480 L.T.A.R. .5

Septic Tank 1000 Gallons: STB 1012 Date 7-24-08

Pump Tank 1000 Gallons: P T 17 Date 4-2-08

Pump Make Goulds Model PE31M Serial # 0711609

Nitrification Field No Fields ____ No Lines 5 Linear Feet 340

Trench Width 36" Max. Trench Bottom Depth 5 Gravel Depth ____

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

System Description: Pump & Gravel Trench

Repair System Description: 50% low area. ↳ Excl. trench

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons ____ ☐ Other No. Employees ____

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

Water Supply: ☐ Private ☒ Public ☐ Community

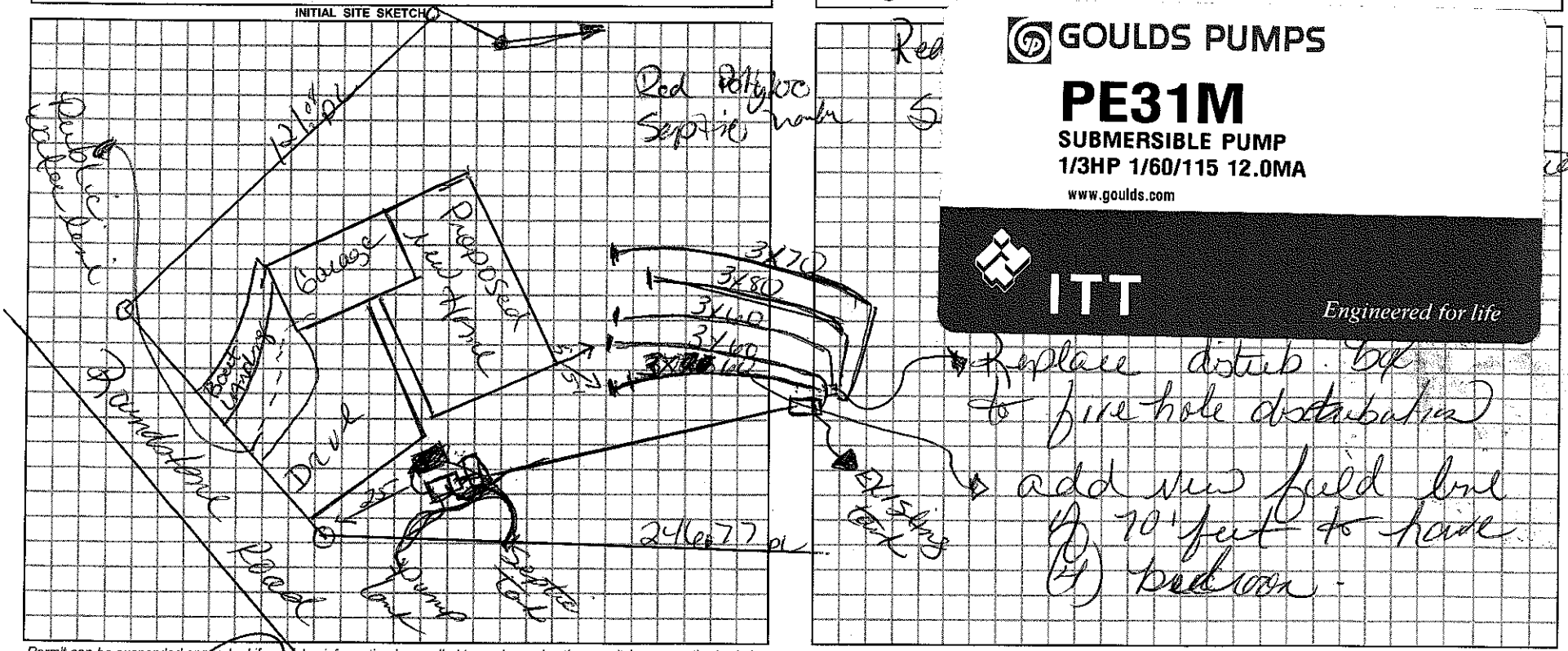
Comments / Conditions

Lake Norman

Comments / Conditions

Install New Line Contour
Maintain all setback

INITIAL SITE SKETCH



GOULDS PUMPS
PE31M
SUBMERSIBLE PUMP
1/3HP 1/60/115 12.0MA
www.goulds.com
ITT Engineered for life

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 4/29/09

Improvement Permit by: [signature] Date 4-27-09

Authorzation to Construct by: [signature] Date 4-27-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: [signature]

Operation Permit by: [signature] Date: 5-20 09

Existing System Inspected by: ____ Date: ____

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