IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # Repair PIN # 4629-67-3940 DATE 2-23-09

OWNER or APPLICANT Albert Schwede

OWNER or APPLICANT ADDRESS Box 519 Troutman 28681 PHONE: Business ______ Home: ______

LOCATION / DIRECTIONS State park RD (R) Wildlife RD

SUBDIVISION 1500 BLOCK / SECTION ______ LOT # ______ LOT AREA 6.125 DESIGN FLOW Exist L.T.A.R. Exist

Septic Tank 1000 Gallons: STB 190 Date 3-21-11

Pump Tank ______ Gallons: P T ______ Date ______

Pump Make ______ Model ______ Serial # ______

Nitrification Field No Fields ______ No Lines ______ Linear Feet ______

Trench Width Exist Max. Trench Bottom Depth Exist Gravel Depth ______

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

System Description: ______

Repair System Description: Replace tank

Maintenance Agreement Required ☐ YES ☐ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms ______
☐ Business No. Persons ______
☑ Other No. Employees ______
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

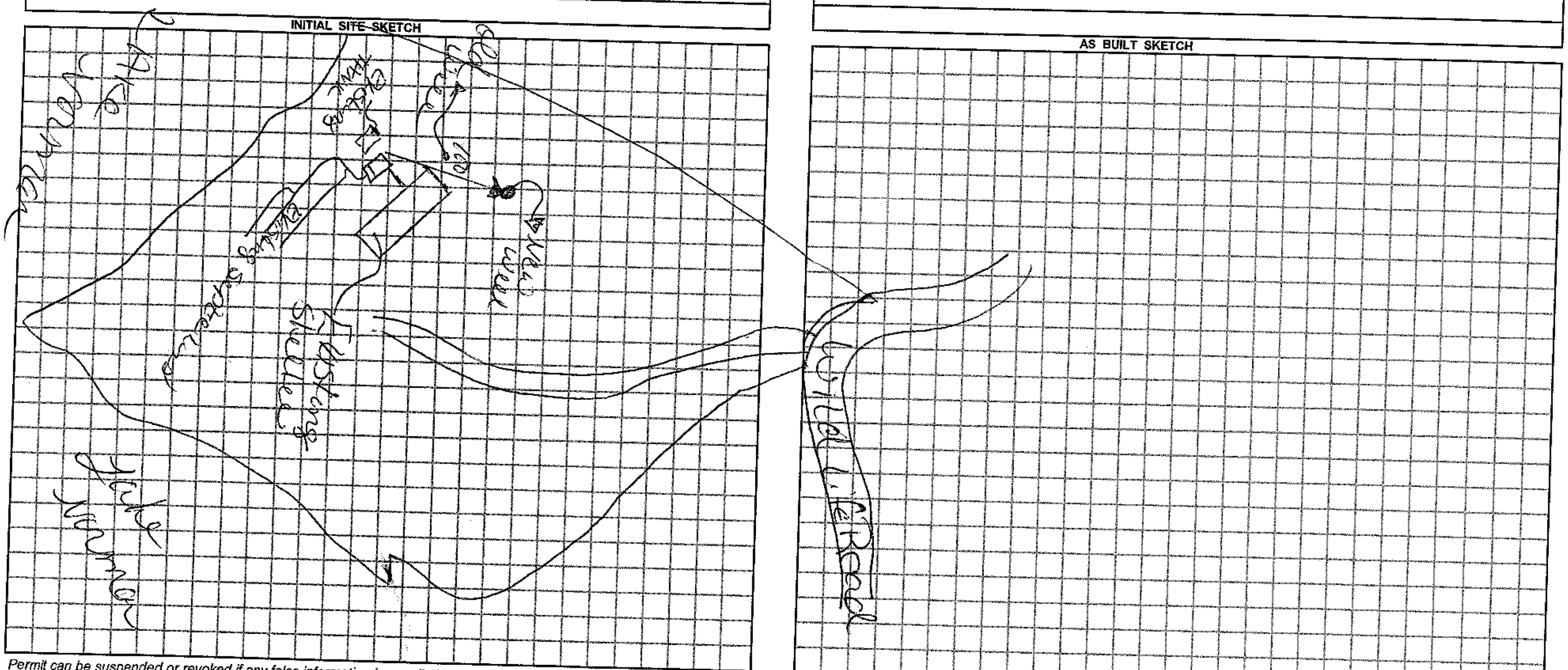
Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions

Comments / Conditions
Replace collaped tank

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: [signature] Date 23 FEB 09

Improvement Permit by: [signature] Date 2-23-09

Authorization to Construct by: [signature] Date 2-23-09

Installed by: Chris Benfield

Operation Permit by: [signature] Date: 6-10-11

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