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 # 4636-10-7804 DATE 3-12-10

OWNER or APPLICANT TEAM DAVIS PHONE: Business 704-953-2410 Home: CELL

OWNER or APPLICANT ADDRESS 111 WYNSWEPT DR.

LOCATION / DIRECTIONS BSR, TR ISLE OF PINES, TR COVE CREEK, TL WYNSWEPT 2ND ON L

SUBDIVISION NORTH SHORE BLOCK / SECTION II LOT # 2 LOT AREA .633AC DESIGN FLOW 480 GPD L.T.A.R. 3

Septic Tank 1000 Gallons: STB 760 Date 7-19-09

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields ____ No Lines ____ Linear Feet EXISTING

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

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

System Description: NEW 1000 GAL TANK

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

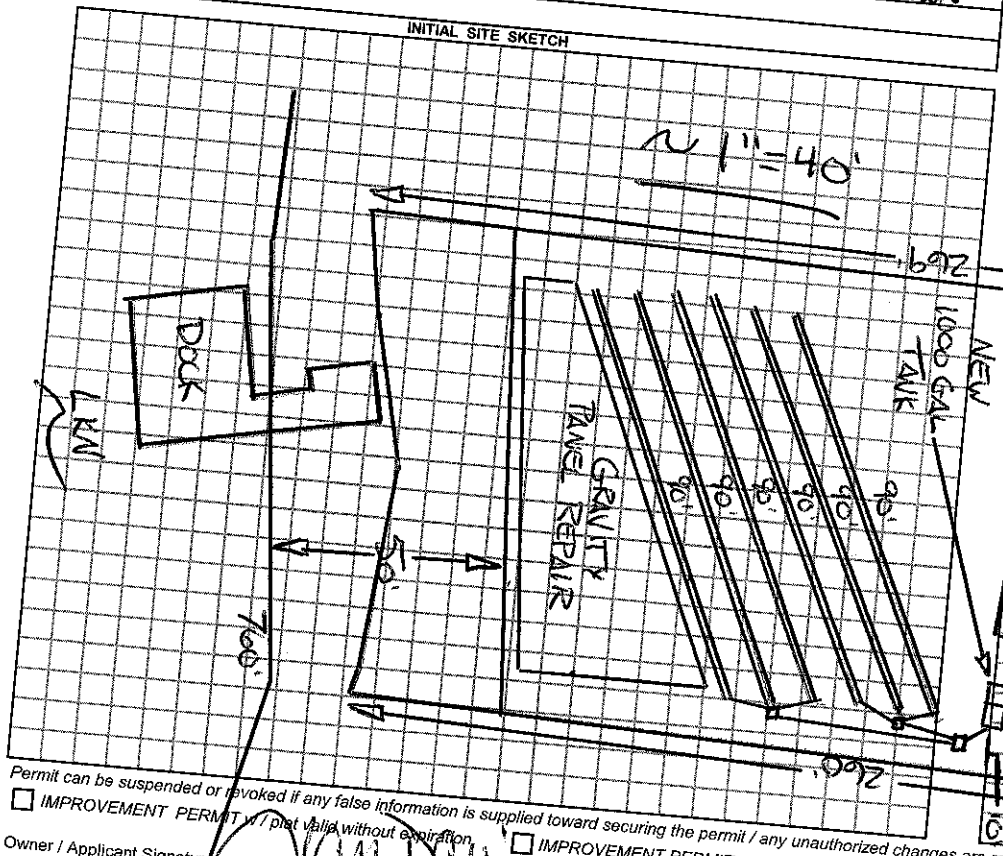
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

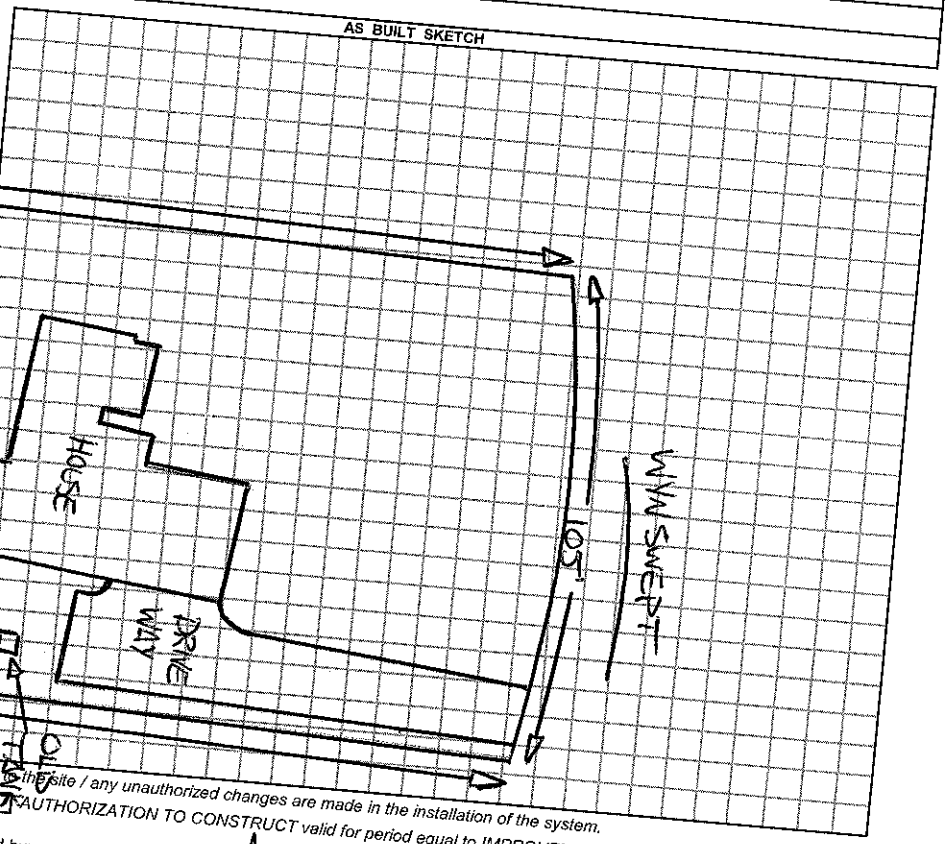
Comments / Conditions: 1) 540' OF GRAVEL 2) PUMP, CRUSH & FILL OLD TANK 3) SET NEW 1000 GAL TANK AS SHOWN

Comments / Conditions: ~~NOTICED~~ PLUMBING LEAKING FROM HOUSE *INSTALLED AS SHOWN*

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 at 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]

Improvement Permit by: [signature] REHS Date 3-17-10

Authorization to Construct by: [signature] REHS Date 3-12-10

Installed by: A-1 BACKHOE

Operation Permit by: [signature] REHS Date: 3-24-10

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