3:00

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141060 PIN# 4636417288 DATE 4-10-07

OWNER OR APPLICANT David Denham PHONE: Business _____ Home _____

ADDRESS _____

LOCATION Brawley Sch. Rd @ Stutts Rd, @ Browning, @ Gondola, 2nd on left

SUBDIVISION Commodore Point BLOCK / SECTION _____ LOT 280 LOT AREA .245 Acre SITE CLASS. P.S DESIGN FLOW 360 L.T.A.R. .30

Septic Tank: 1000 Gallons; STB 825 Date 2-4-01

Pump Tank: 1000 Gallons; PT 3822 Date 7-2-07

Pump Make: Zoeller Model N152 Serial No. _____

Nitrification Field: No Fields ___ Square Feet 600ft² Linear Feet 200

No Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

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

System Description: Low Pressure Pipe Pump Block

Repair System Description: Repair Exempt pre-1983

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

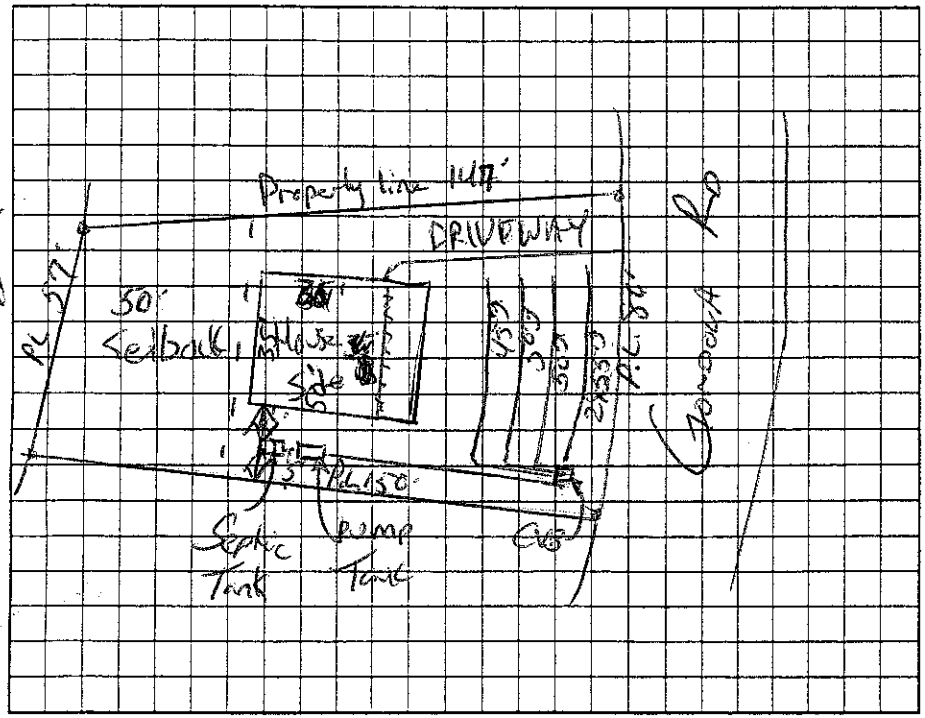
No. Bedrooms 3 No. Persons ___ No. Employees ___

Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: 1) Install 4 lines equaling 200 feet 2) Tanks supply lines, Manifold + drain lines can be 5 feet minimum from property lines IF needed to due to a pre-1983 parcel

INITIAL SITE SKETCH

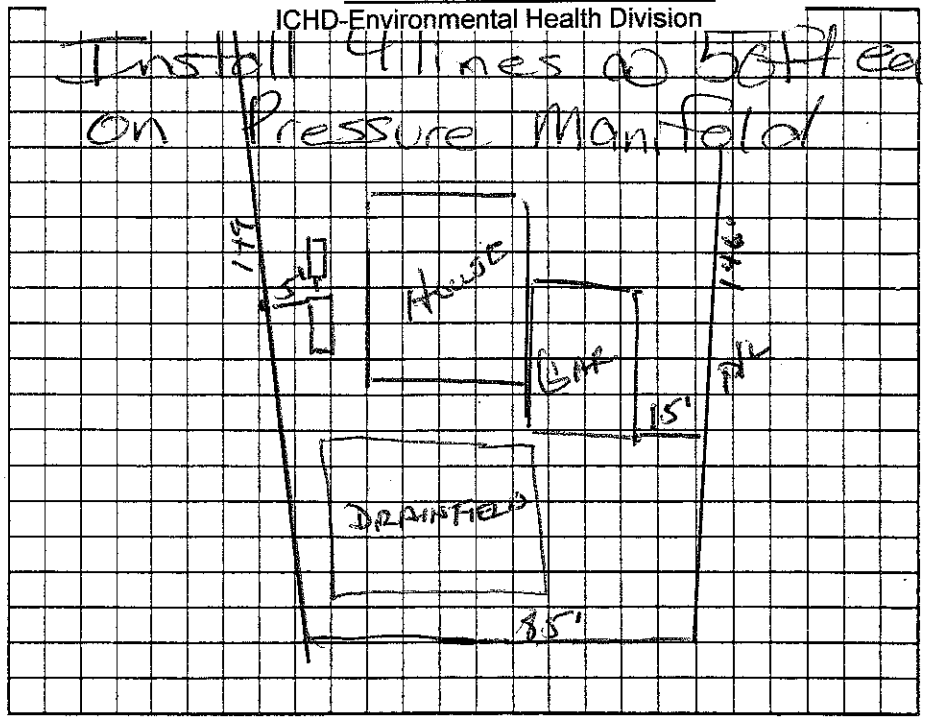


Com: The proposed / existing GARAGE ADDITION addition does not appear to impact the existing septic system. **NOTE: 15' FROM SIDE PROP. LINE

Wesley Sparks R.S.

Date: 9/29/07

ICHD-Environmental Health Division



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: Heather Weisa date 4-26-07 Installed by: Rowan Septic

Improvement Permit by: for E. Akl date 4-26-07 Operation Permit by: Wesley Sparks R.S. date 4/9/08

Authorization to Construct by: for E. Akl date 5-3-07 Existing System Inspection by: _____ date _____

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