IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT ✓ 9.30 ✓

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PROPERTY DESCRIPTION NO. 25346 DATE 8/14/97 TAX MAP NO. 26-17-A-7 Watershed: ☑ Yes ☐

OWNER OR CONTRACTOR SHAUN OGDEN ~~PHONE: Business~~ 4636-52-8784 Home 662-0021

ADDRESS PO BOX 1281 DAVIDSON NC 28036

LOCATION BRAWLEY SCHOOL - TL STUTTS RD - 5TH LOT ON LEFT PAST WOODSTREAM

SUBDIVISION NORMAN WOODS BLOCK / SECTION ____ LOT 7 LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 5/9/97

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 402 Linear Feet 201

No Lines 3 @ 67' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: GRAVITY PANEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other ____

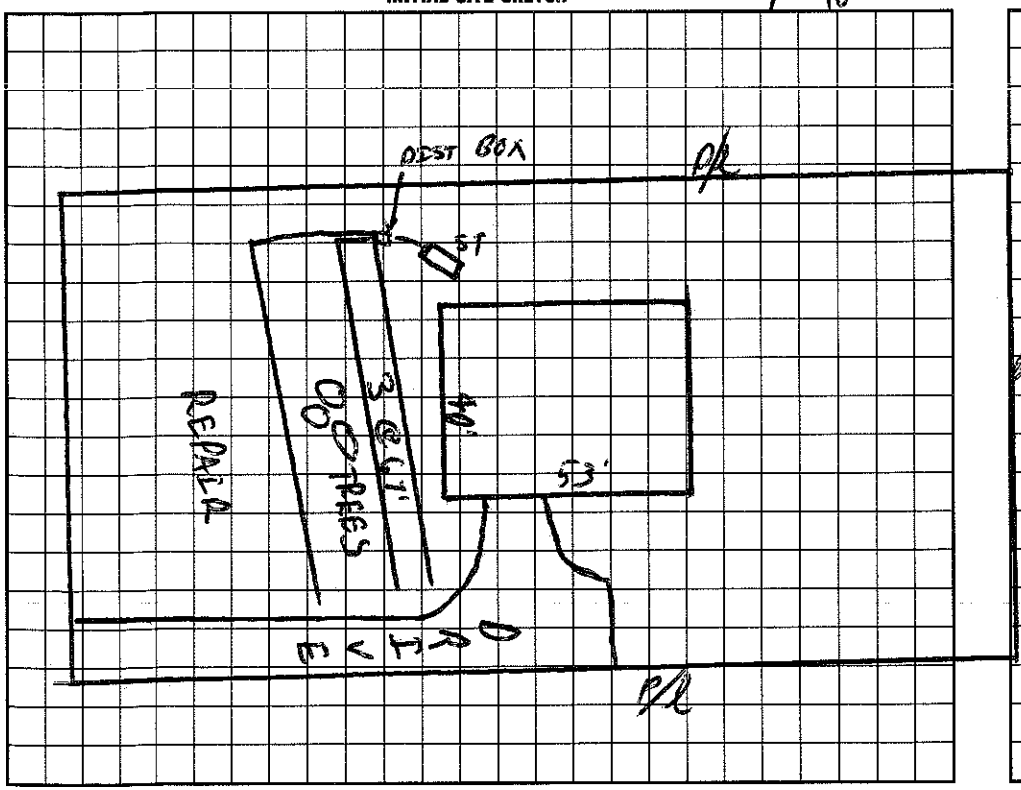
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

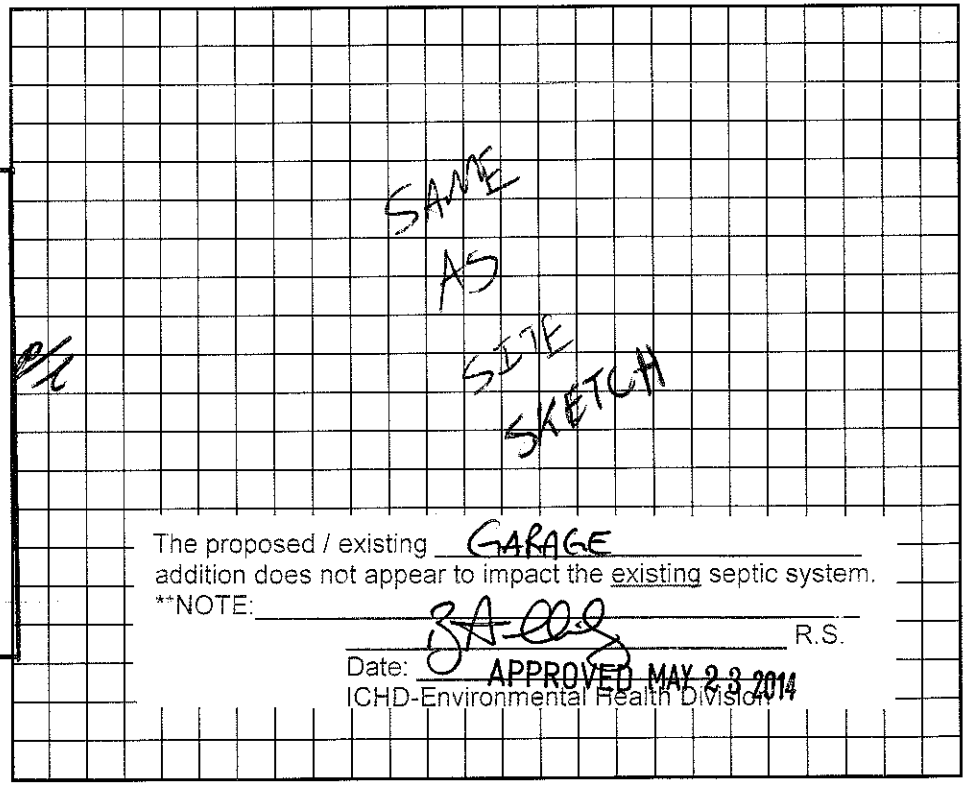
Comments:

Comments: WATER 2 LINES CHECKED

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH



The proposed / existing GARAGE addition does not appear to impact the existing septic system.

**NOTE: ____ R.S.

Date: APPROVED MAY 23 2014

ICHD-Environmental Health Division

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Sally Ogden

Installed by: JAMES HUDLER

Improvement Permit by: C. Thomas Freeman date 8/14/97

Certificate of Completion by: ____ date ____

~~Existing System Inspection by:~~ AUTHORIZATION TO CONSTRUCT C. Thomas Freeman date 8/14/97

Operation Permit by: C. Thomas Freeman date 8/25/97

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

IREDELL COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT ✓ STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTI

PROPERTY DESCRIPTION NO. 25346 DATE 8/14/97 TAX MAP NO. 26-17-A-7 Watershed: ☑ Yes ☐

OWNER OR CONTRACTOR SHAUN OGDEN PHONE: Business 4636-52-8754 Home 662-0021

ADDRESS PO BOX 1281 DAVIDSON NC 28036

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System Description: GRAVITY PANEL
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☑ No

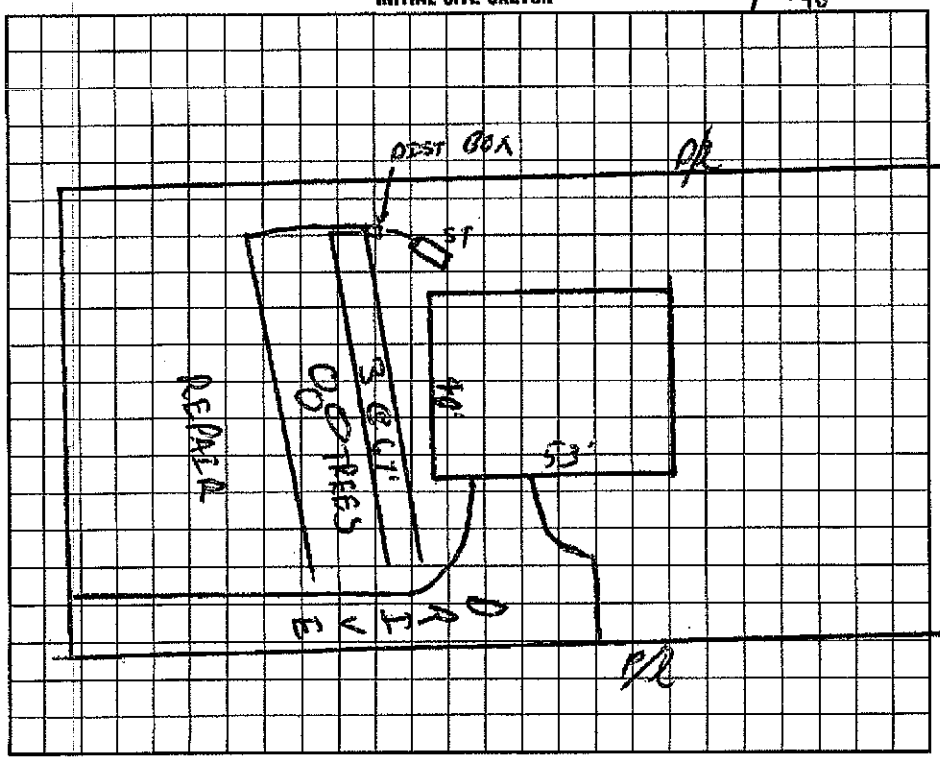
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☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: AFTER 2 LINES CHECKED

INITIAL SITE SKETCH 1"=40'



AS BUILT SKETCH

SAME AS SITE SKETCH

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Signed: Shaun Ogden

Improvement Permit by: C. Thomas Teem date 8/14/97

AUTHORIZATION TO CONSTRUCT ~~Existing System Inspection by:~~ C. Thomas Teem date 8/14/97

Installed by: JAMES HUDLER

Certificate of Completion by: ____ date ____

Operation Permit by: C. Thomas Teem date 8/25/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (~~INITIAL~~): PINK OWNER COPY (INITIAL): GOLD