IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 158357 PIN # 4637-06-3497 DATE 9-30-09

OWNER or APPLICANT JOEL SUMMERVILLE PHONE: Business 704-488-7400 Home: 704-662-3035

OWNER or APPLICANT ADDRESS 488 GREENBAY RD MVILLE 28117

LOCATION / DIRECTIONS 150, TL QUIET COVE, TR RIDGETOP, C STOP SIGN GO STRAIGHT

SUBDIVISION CL+T BLOCK / SECTION 10 LOT # 97 LOT AREA .62 AC DESIGN FLOW SEE NOTE L.T.A.R.

Septic Tank ____ Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model EXISTING Serial # ____

Nitrification Field No Fields ____ No Lines ____ Linear Feet ____

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

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

System Description: GRAVEL BED

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____

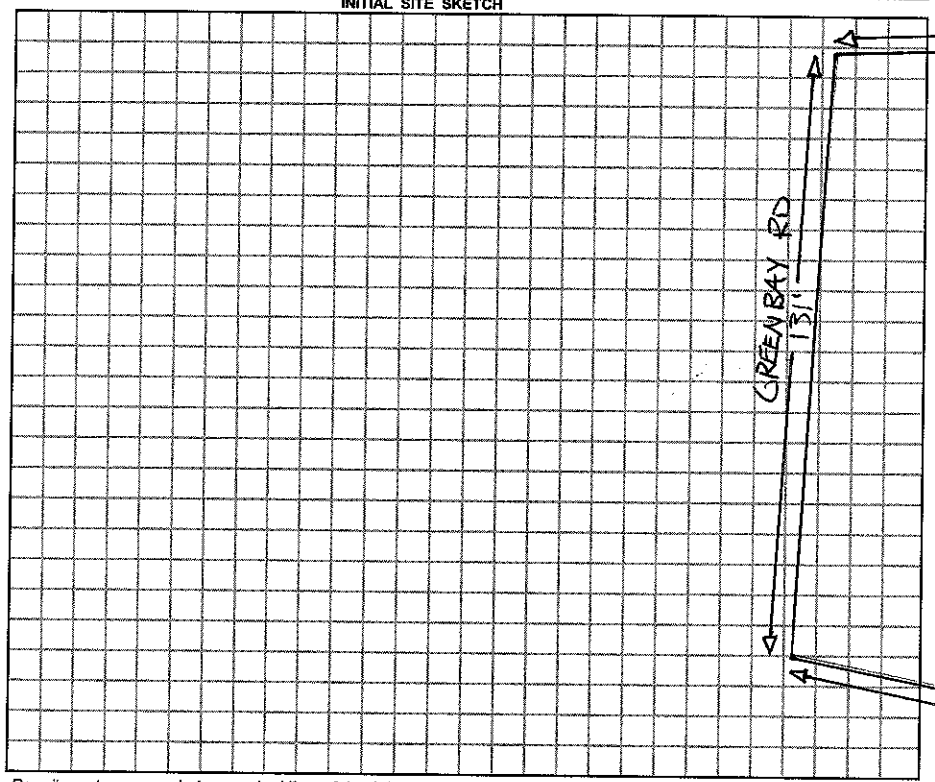
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

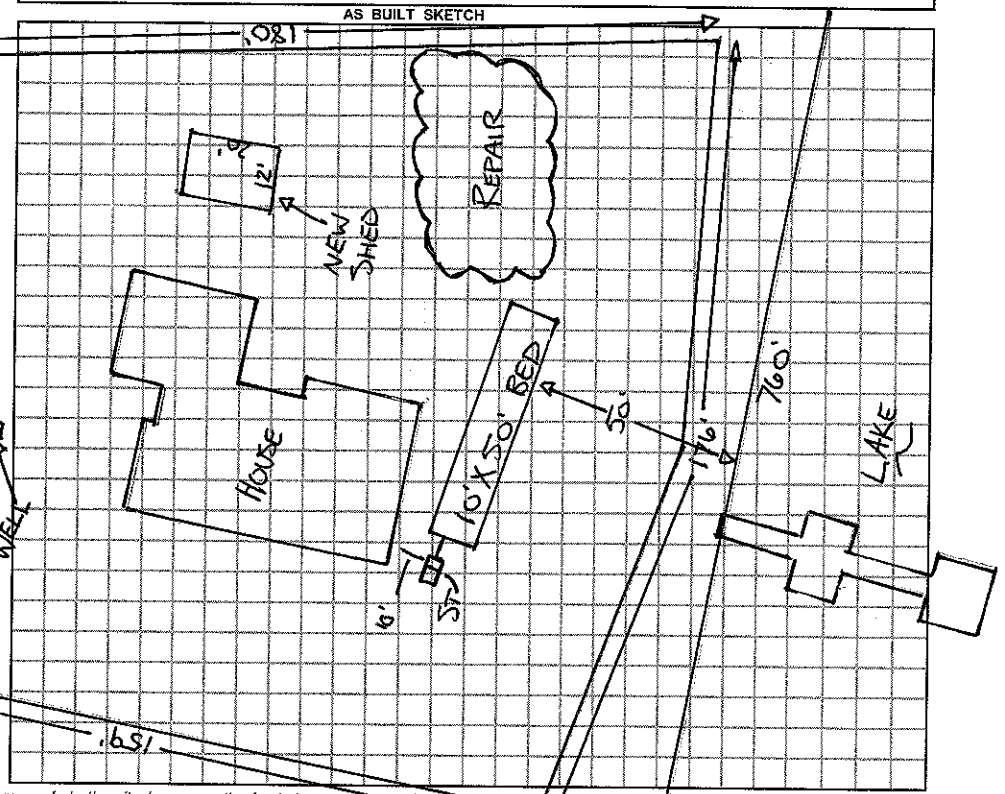
Comments / Conditions * NOTE * SYSTEM IS WORKING FINE BUT NOT ENOUGH DRAIN FIELD FOR 3 BED ROOMS. IF SOLD MORE DRAIN LINE WILL HAVE TO BE INSTALLED

Comments / Conditions

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: Joel Summerville Date 10-1-09

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: [illegible] RS. Date: 9-30-09

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