IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 1105262 PIN # 4637-32-4526 DATE 2-28-11

OWNER or APPLICANT JAY MATTHEW PHONE: Business 704-363-0017 Home: → MAINSTREET BUILDERS

OWNER or APPLICANT ADDRESS 467 OAK TREE RD

LOCATION / DIRECTIONS BSR, TR OAK TREE, 467

SUBDIVISION CLET BLOCK / SECTION 9 LOT # 220 LOT AREA .623AC DESIGN FLOW _____ L.T.A.R. _____

Septic Tank EX. 1000 Gallons: STB _____ Date _____

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: GRAVEL BED

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

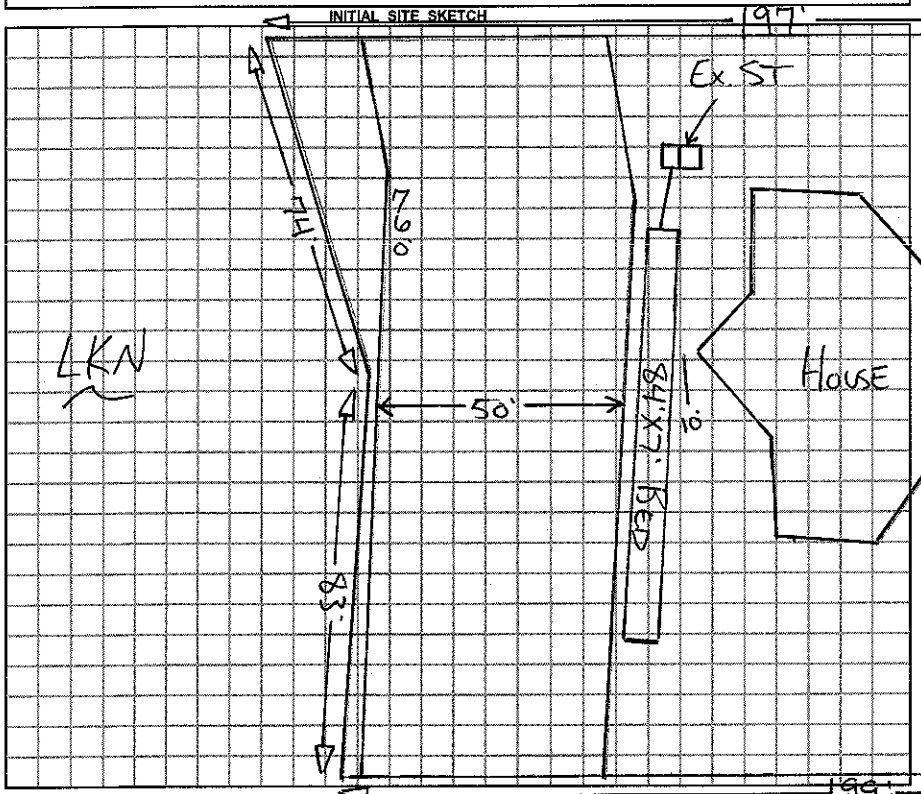
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

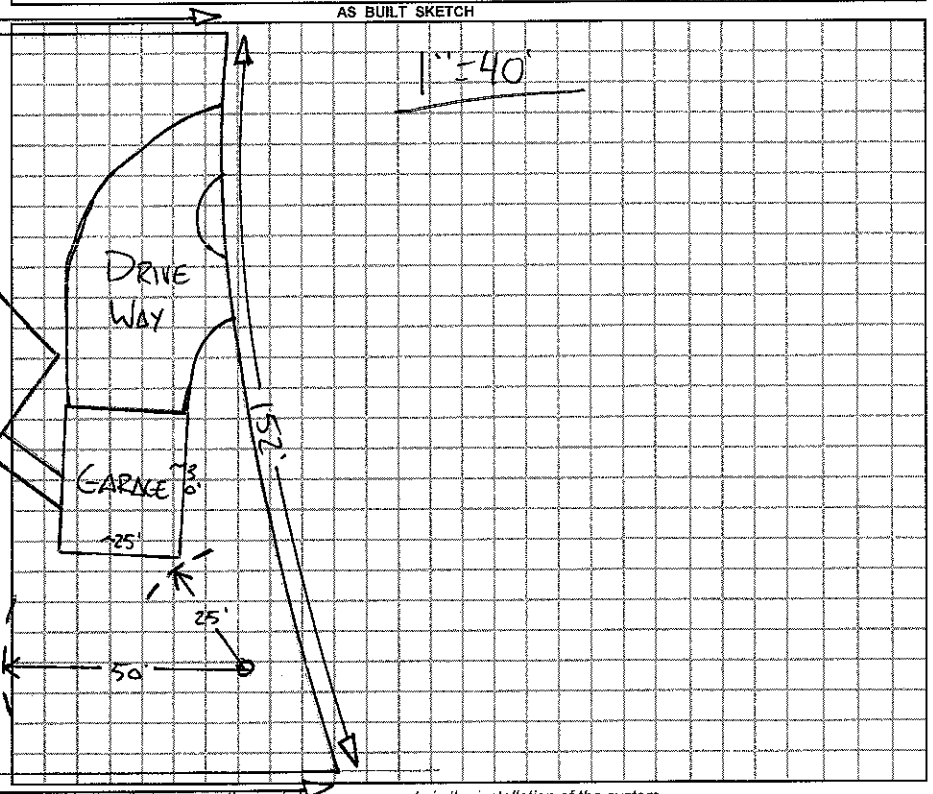
Comments / Conditions 1) No Bed Rooms To Be Added 2) Back Steps & "Porch" Must Be Modified To Meet Min 5' Setback To Septic

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: _____ Date _____

Improvement Permit by: _____ Date _____

Authorzation to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ REHS Date: 2-28-11

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