IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 171921 PIN # 4638164815 DATE 5-16-2012

OWNER Maggie Scarborough APPLICANT: Charles Stevens PHONE: Home/Cell # 919 306-3885 Business # 704 622-9646

SITE ADDRESS 451 Broadview Circle OWNER / APPLICANT ADDRESS

SITE DIRECTIONS Perth Rd N TL Fern Hill TL Broadview house on left (steep drive)

SUBDIVISION C.L.T. BLOCK / SECTION 15 LOT # 78 LOT AREA 1.09Ac DESIGN FLOW 360GPD L.T.A.R. —

EXIST

Septic Tank 1000? Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: ____ No. Lines ____ Linear Feet ~6X60Ft

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

EXIST

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

System Description: Exist. Gravity- Conv. Bed

Repair System Description: Modified- Conv

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

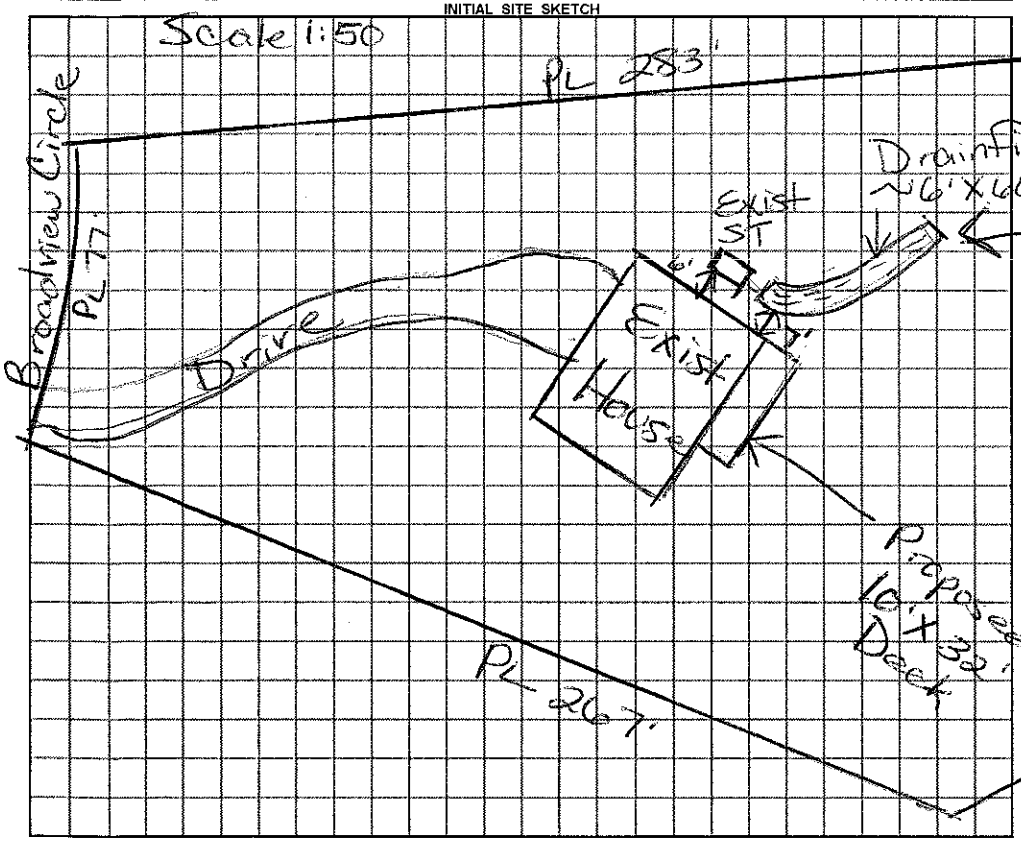
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

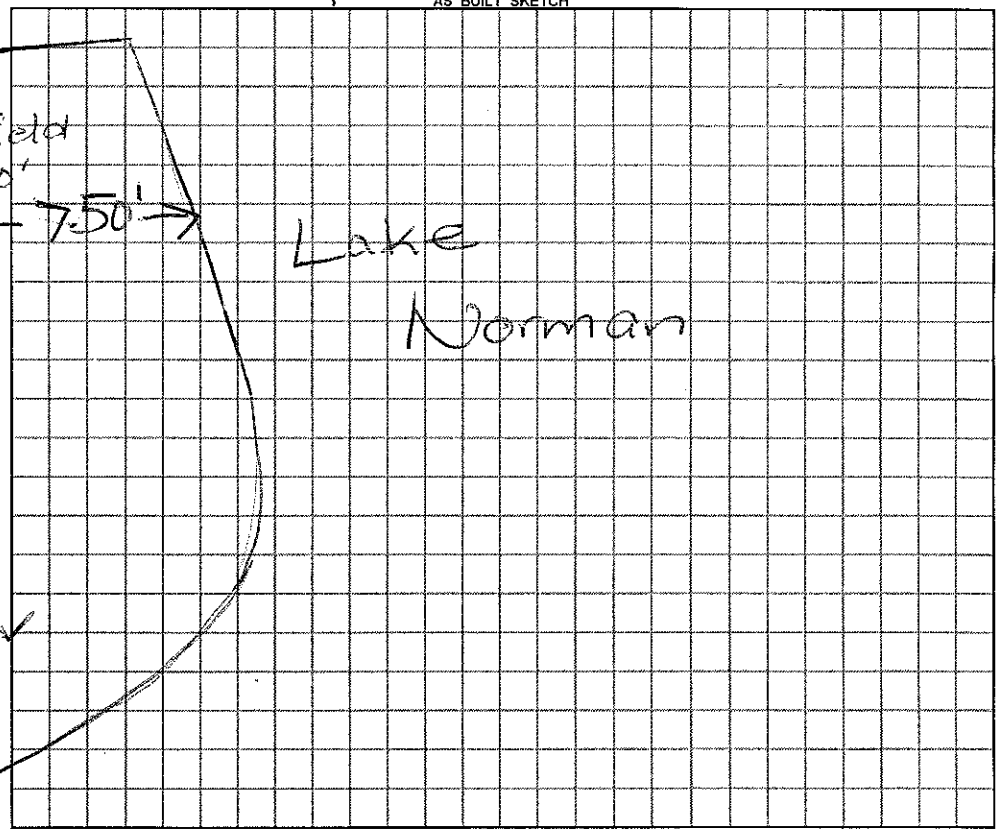
Comments / Conditions: Existing Septic System Appears to be Functioning Okay at time of inspection.

Proposed Deck (Footers) must be at least 5ft from Septic System. Note: Drainfield along side of house 4in 7ft from house, ST is 3ft.

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*** *with plat valid without expiration.* ☐ ***IMPROVEMENT PERMIT*** *with plat valid without expiration. site plan valid 60 mo.* ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: X Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Maria Hall Dotson ***REHS*** Date 5/16/2012

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant