# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 145000 PIN# 4638394897 DATE 9/10/07

OWNER OR APPLICANT Clifford Parsons PHONE: Business 704 332-8958 Home 704 545-6308

ADDRESS 11200 Abermarle Rd. Charlotte NC 28227

LOCATION Perth Rd to Fern Hill Rd, TL Bagley TR on Kenway Loop 437 Kenway Loop

SUBDIVISION CLT BLOCK / SECTION 15 LOT 4026 LOT AREA .891 SITE CLASS. PS I DESIGN FLOW 480 L.T.A.R. .4

Septic Tank: Exis 1000 Gallons: STB ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 300' Linear Feet 100'

No Lines 1 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Gravity Expansion Gravel

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

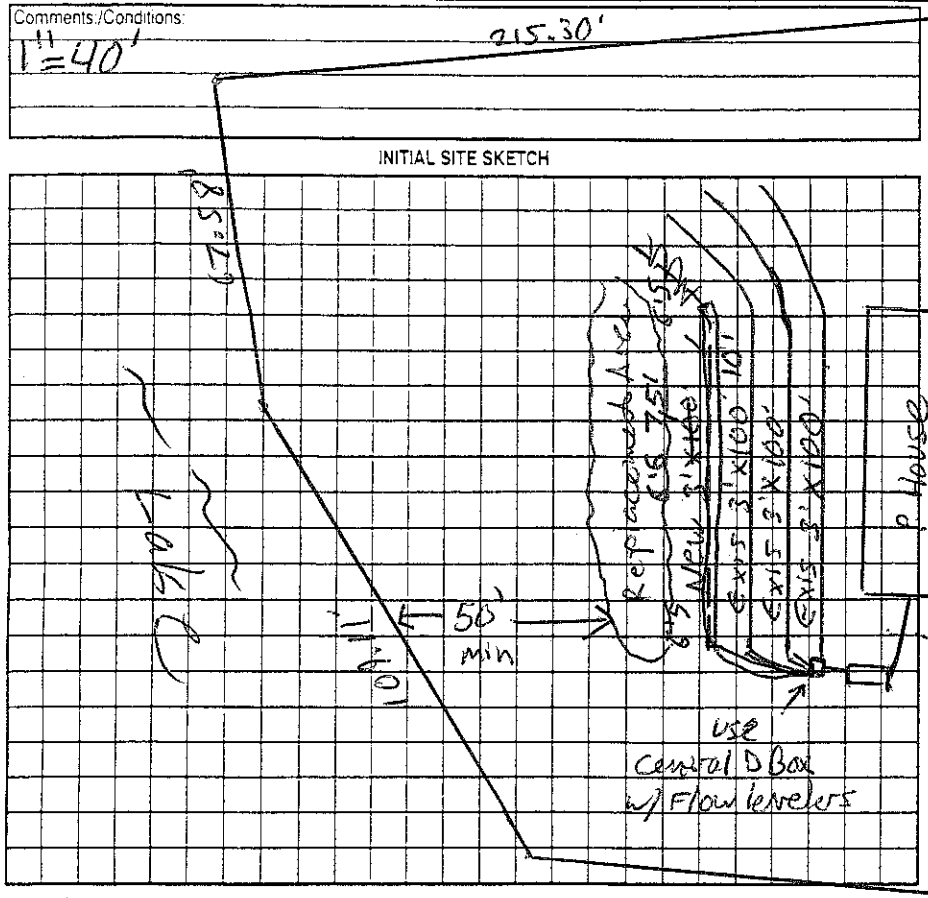
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

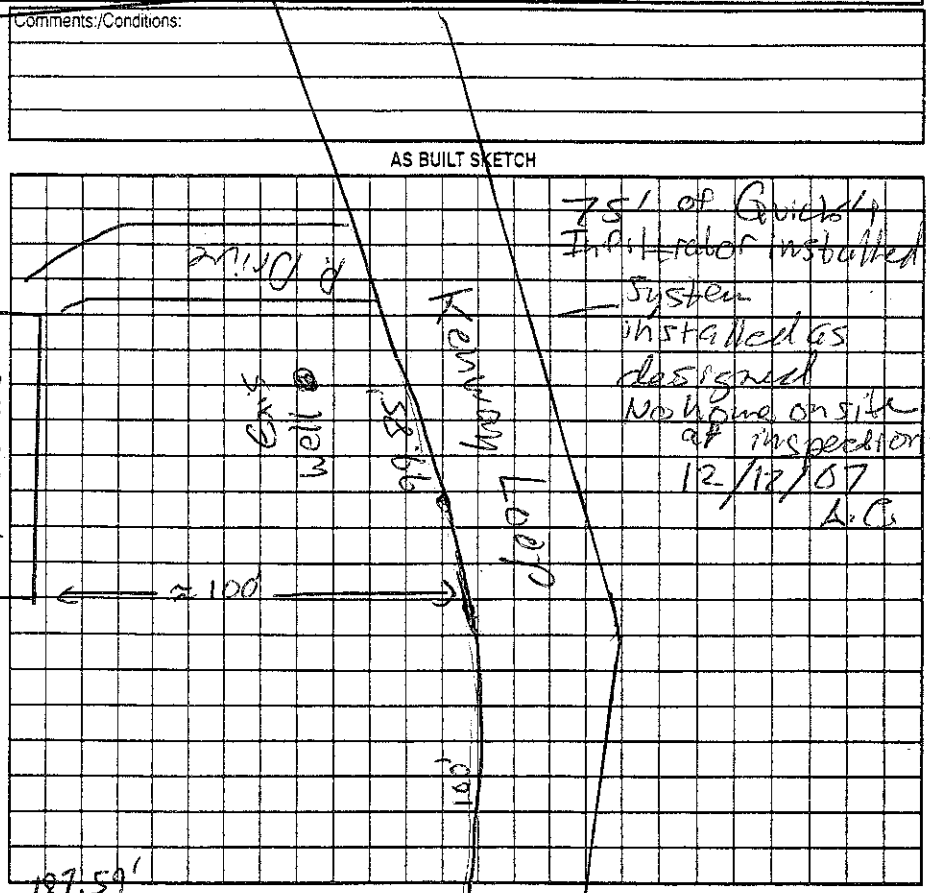
T"=40'

INITIAL SITE SKETCH




Comments:/Conditions:

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 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: Clifford Parsons date 9-11-07

Improvement Permit by: Anthony Coker Jr. date 9/10/07

Authorization to Construct by: Anthony Coker Jr. date 9/11/07

Installed by: ____

Operation Permit by: Anthony Coker Jr. date 12/12/07

Existing System Inspection by: ____ date ____

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