2130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 175432 PIN # 4638-54-8066 DATE 11-5-12

OWNER or APPLICANT MICHAEL RYAN PHONE: Business 980-223-9931 Home:

OWNER or APPLICANT ADDRESS 195 MARIETTA RD MOORESVILLE

LOCATION / DIRECTIONS PERTH, TL NORMANDY, TL HUGHES ON R

SUBDIVISION LKN AIR PARK BLOCK / SECTION 5 LOT # 53 LOT AREA 1.3AC DESIGN FLOW 600 L.T.A.R. .3

Septic Tank ★ 1500 Gallons: STB 528 Date 11-24-12

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 6 Linear Feet 500'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5

☐ Business No. Persons ____

☒ Other No. Employees ____

☐ Slab ☒ Crawl Space

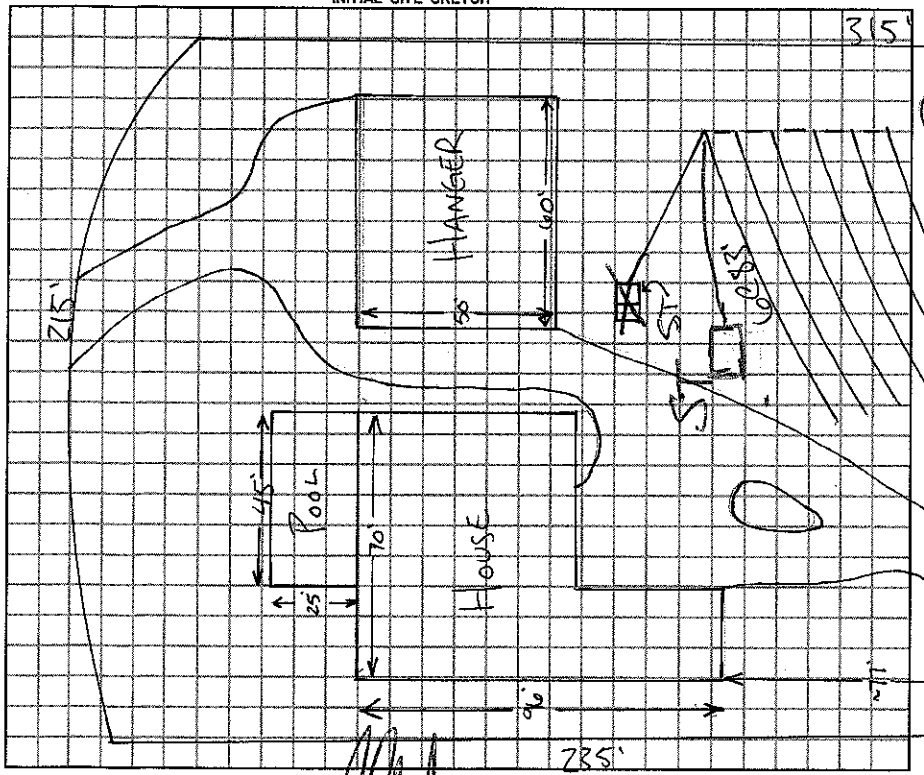
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

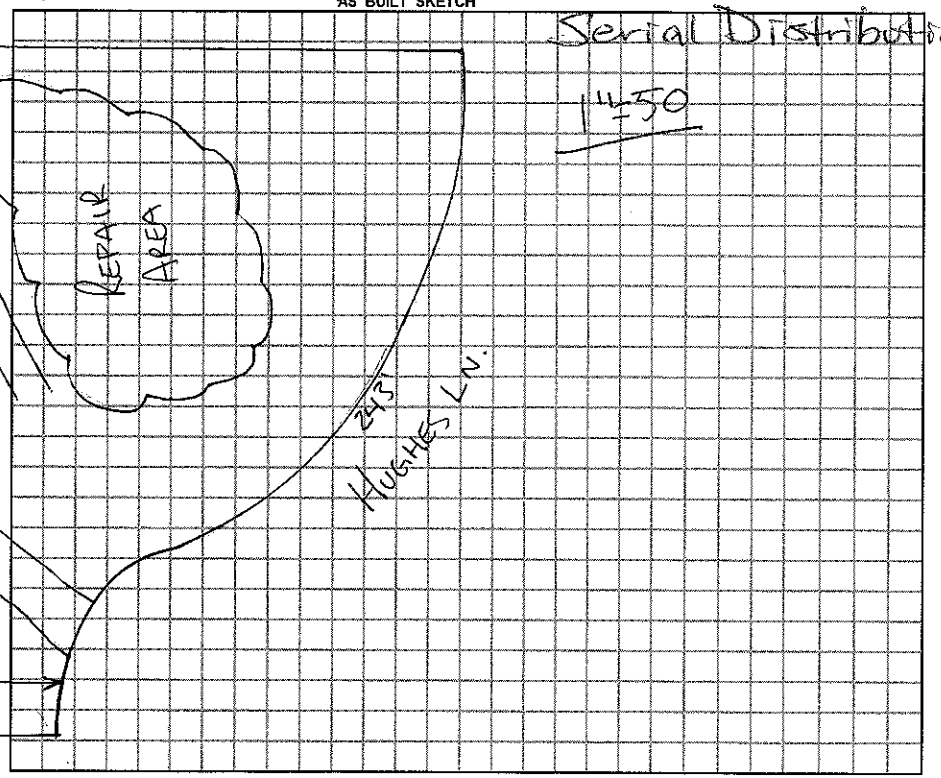
Comments / Conditions: Note: per home owner's request ST moved closer to Drainfield

Comments / Conditions: HANGER/POOL Installed Quick 4 for Drainfield

INITIAL SITE SKETCH



AS BUILT SKETCH



Serial Distribution

1"=50'

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: [signature] Date 11/13/2012

Improvement Permit by: [signature] Date 11-5-12

Authorzation to Construct by: [signature] Date 11-5-12

Installed by: Groundbreaker's

Operation Permit by: [signature] Date: 4/18/13

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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