IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 78314 PIN# 4638743514 DATE 12/13/99

OWNER OR CONTRACTOR ROBERT BAHR (Sydney Dombrill) PHONE: Business _____ Home 664-3165

ADDRESS 482-A RIVER HWY.

LOCATION 150 W - TR PERTH RD - TL NORMANDY - TR GRANDBAY - 8th ON LT

SUBDIVISION GRANDBAY BLOCK / SECTION _____ LOT 13 LOT AREA 1.85AC SITE CLASS. PS DESIGN FLOW 480 GPD L.T.A.R. .40PD/FT

Septic Tank: 1000 Gallons; STB 31v Date 9/25/99
Pump Tank: 1000 Gallons; PT 27 Date 10/30/99
Pump Make: SHEF Model 50A1 Serial No. 12/99
Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300
No Lines 5@60 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: PUMP 25% REDUCTION
Repair System Description: PUMP PANEL
Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms 4
☐ Business No. Employees _____
☐ Other _____

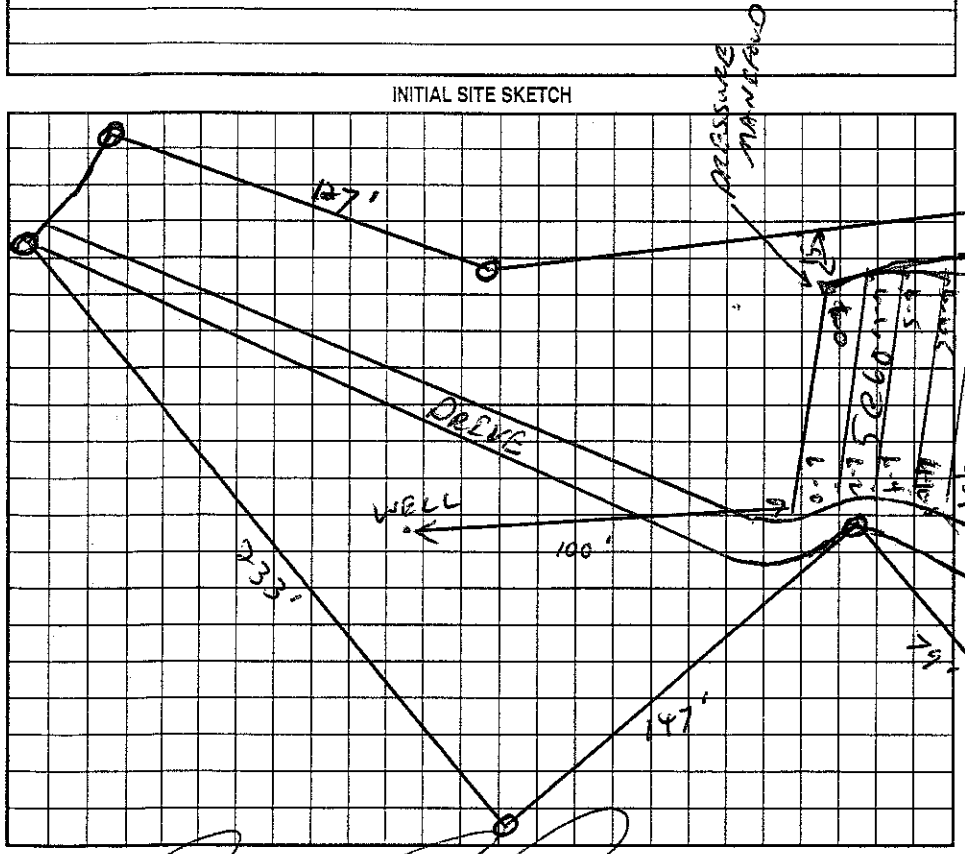
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

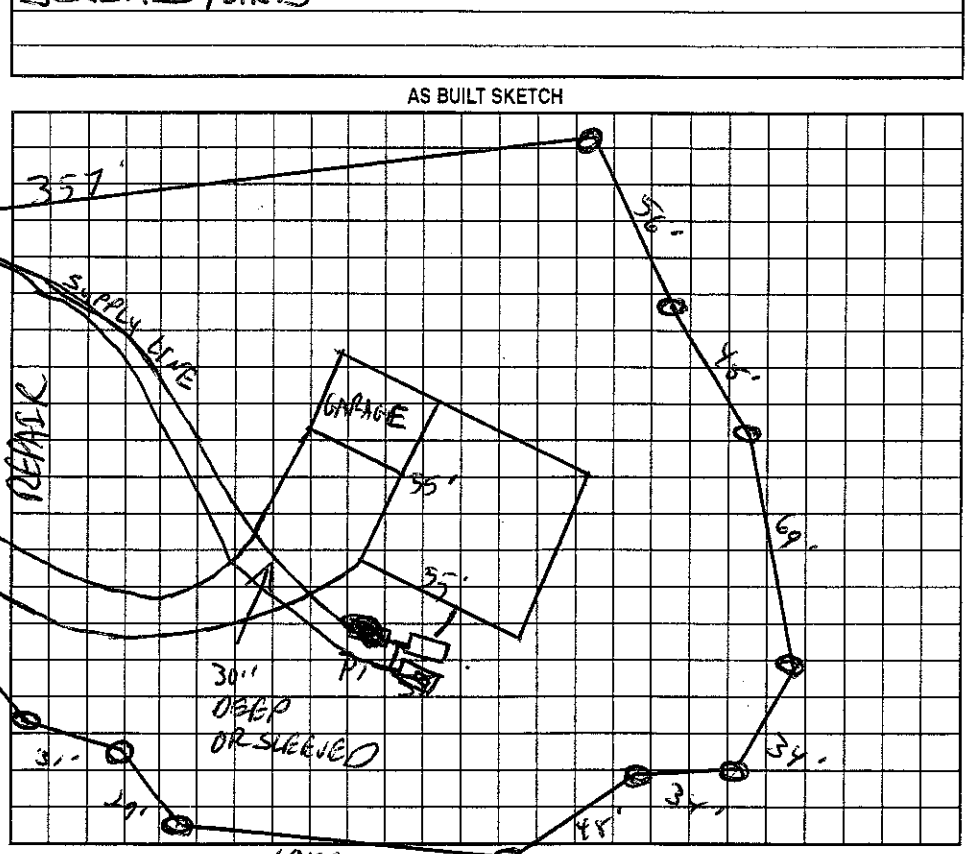
Comments:/Conditions:

Comments:/Conditions: MOVE ALARM - PUMP BOTH TANKS DOWN
SEAL ALL POINTS

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 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: _____ date 12/13/99 Installed by: Lanny Beam

Improvement Permit by: C. [illegible] RS date 12/13/99 Operation Permit by: Wesley Sparks RS. date 1/11/00

Authorization to Construct by: C. [illegible] RS date 12/13/99 Existing System Inspection by: _____ date _____

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