IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15730 206771 PIN # 4639-23-5377 DATE 7-21-09

OWNER or APPLICANT ROB DUNN PHONE: Business 631-827-4776 Home:

OWNER or APPLICANT ADDRESS 1082 NAMDAC AVE BAYSHORE NY 11706

LOCATION / DIRECTIONS PERTH, TL FERN HILL, TR FROSTCLIFF 5TH ON R

SUBDIVISION BEACON POINTE BLOCK / SECTION 4 LOT # 5 LOT AREA 1.35AC DESIGN FLOW 480 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 825 Date 12-04-14

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 480'

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

[X] New System [ ] Repair [ ] Expansion System Type I (II) III IV V VI

System Description: GRAVITY 25% REDUCTION

Repair System Description: LP - PANEL BLOCK

Maintenance Agreement Required [ ] YES [X] NO INITIALLY

[X] GRAVITY [ ] PRESSURE

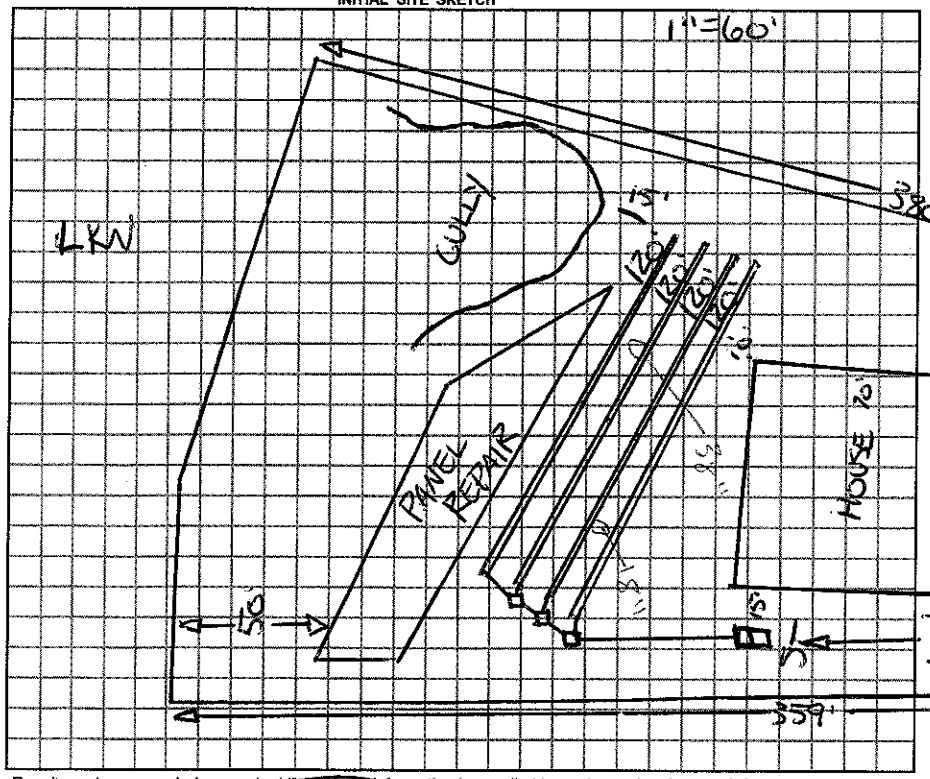
[X] Residence No. Bedrooms 4 [ ] Business No. Persons ____ [ ] Other No. Employees ____ [ ] Slab [ ] Crawl Space [X] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

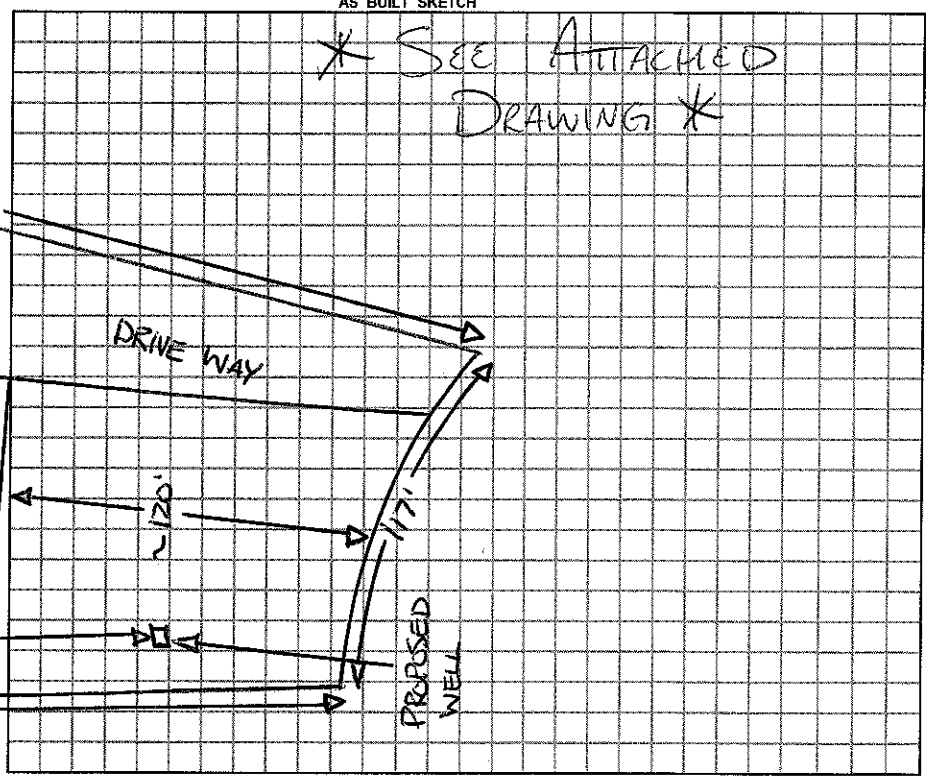
Comments / Conditions 1) MEET ALL REQUIRED SETBACKS 2) END OF LINES MUST BE 15' FROM GULLY 3) TANK MUST BE 15' FROM HOUSE

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.* [X] *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* [X] *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 7/24/09

Improvement Permit by: [signature] Date 7-21-09

Authorization to Construct by: [signature] APPROVED Date OCT 10 2014

Installed by: ROWAN SEPTIC

Operation Permit by: [signature] Date: 4-25-15

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