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# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122500 PIN# 4639640340.011 4639-53-3965 DATE 1/11/07

OWNER OR APPLICANT David Turner PHONE: Business _____ Home 704-437-1643

ADDRESS _____

LOCATION Perth Rd (N), Tl Fern Hill, Tl on Northington Woods Dr, on Right

SUBDIVISION Northington Woods BLOCK / SECTION _____ LOT 11 LOT AREA 1.468 Ac SITE CLASS. PS DESIGN FLOW 600 gpd L.T.A.R. .30

Septic Tank: 1250+ Gallons: STB 528 Date 8-3-06

Pump Tank: 1250+ Gallons: PT 485 Date 10-4-06

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1500ft² Linear Feet 300'

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: Pump to 250 Bedroom

Repair System Description: LD Panel

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons 10 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

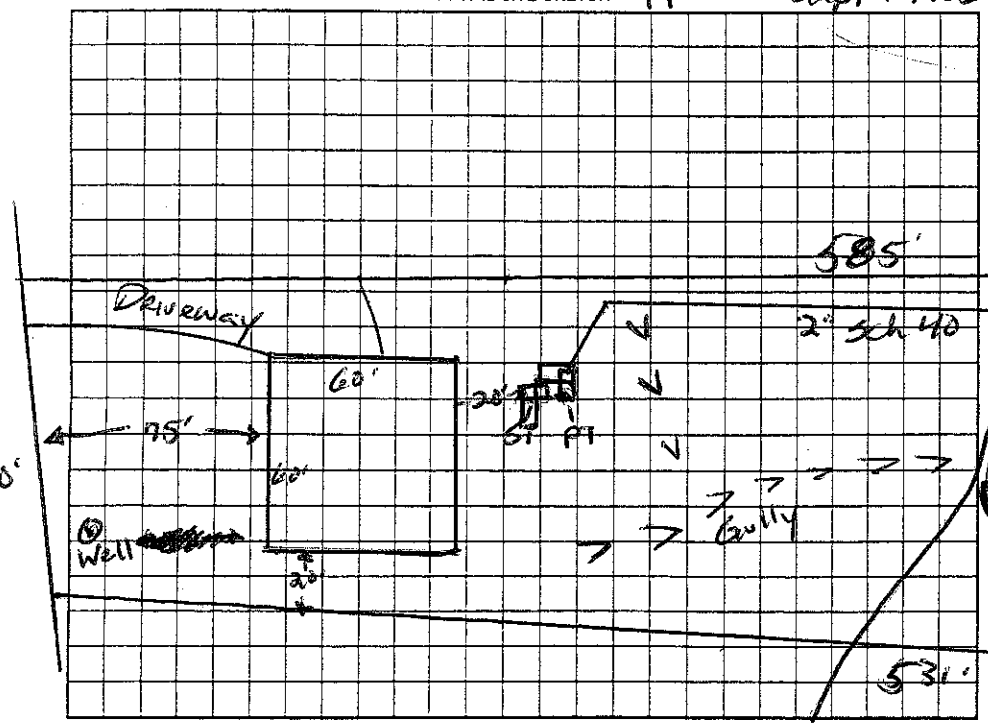
Comments/Conditions:

-Keep Repair Area undisturbed

* If any part of supply line will be subject to any vehicular traffic - ductile iron or approved depth must be used *

Comments/Conditions: 9/25/07 Check tanks & lines

INITIAL SITE SKETCH

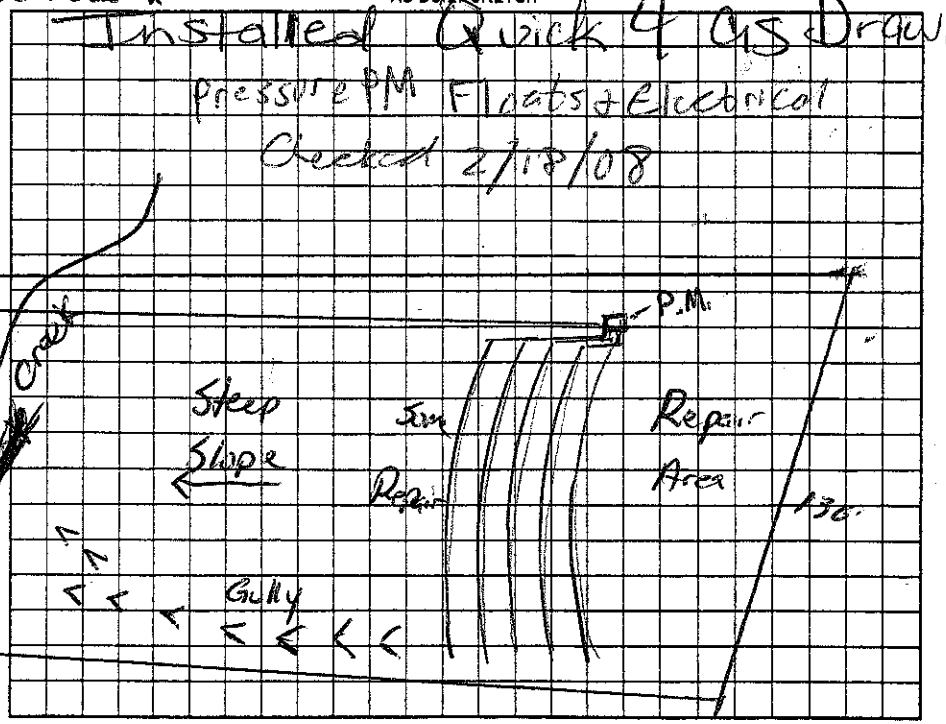



AS BUILT SKETCH

Installed Quick 4 as Drawn

Pressure PM Floats & Electrical

Checked 2/18/08




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: David V. Turner date _____

Improvement Permit by: Jph E alph date 1/11/07

Authorization to Construct by: Jph E alph date 1/12/07

Installed by: C & S Grading

Operation Permit by: Anthony Cole date 2/18/08

Existing System Inspection by: _____ date _____

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