# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 161443 PIN # 4639-59-1732 DATE 7-7-10

OWNER or APPLICANT KEITH & JANET MURRAH PHONE: Business Home:

OWNER or APPLICANT ADDRESS 240 WINDING SHORE DR

LOCATION / DIRECTIONS PERTH, TL NEIL FARM

SUBDIVISION CLT BLOCK / SECTION 16 LOT # 140 LOT AREA .79AC DESIGN FLOW 360GPD L.T.A.R.

Septic Tank EX. Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines Linear Feet

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: GRAVITY GRAVEL BED

Repair System Description:

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

SEE PLAN FROM ROLLINS

APPROVED BY ICHD

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.* ☐ *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: Billy Parker Date 7/8/10

Improvement Permit by: Date

Authorization to Construct by: Date

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.***

Installed by:

Operation Permit by: Date:

Existing System Inspected by: B. Allen REHS Date: 7-7-10

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