IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 125276 PIN # 4639-62-26016 DATE 1-31-11

OWNER or APPLICANT ROGER HAND PHONE: Business 704-578-5451 Home:

OWNER or APPLICANT ADDRESS PO BOX 3126 MOORESVILLE, NC 28117

LOCATION / DIRECTIONS PERTH, LWA, TR BAY CROSSING, TL BAY SHORE, (L)

SUBDIVISION BAY CROSSING BLOCK / SECTION 2 LOT # 42 LOT AREA .965 AC DESIGN FLOW 600 L.T.A.R. .3

Septic Tank 1500 Gallons: STB 556 Date 9-22-09
Pump Tank 1500 Gallons: PT 477 Date 10-9-10
Pump Make GOULDS Model WE10I2HU Serial # 1HP
Nitrification Field No Fields 1 No Lines 6 Linear Feet ~~350~~ 300'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: PM - 25% RED.
Repair System Description: LP - PANEL
Maintenance Agreement Required ☐ YES ☒ NO INITIALLY
☐ GRAVITY ☒ PRESSURE

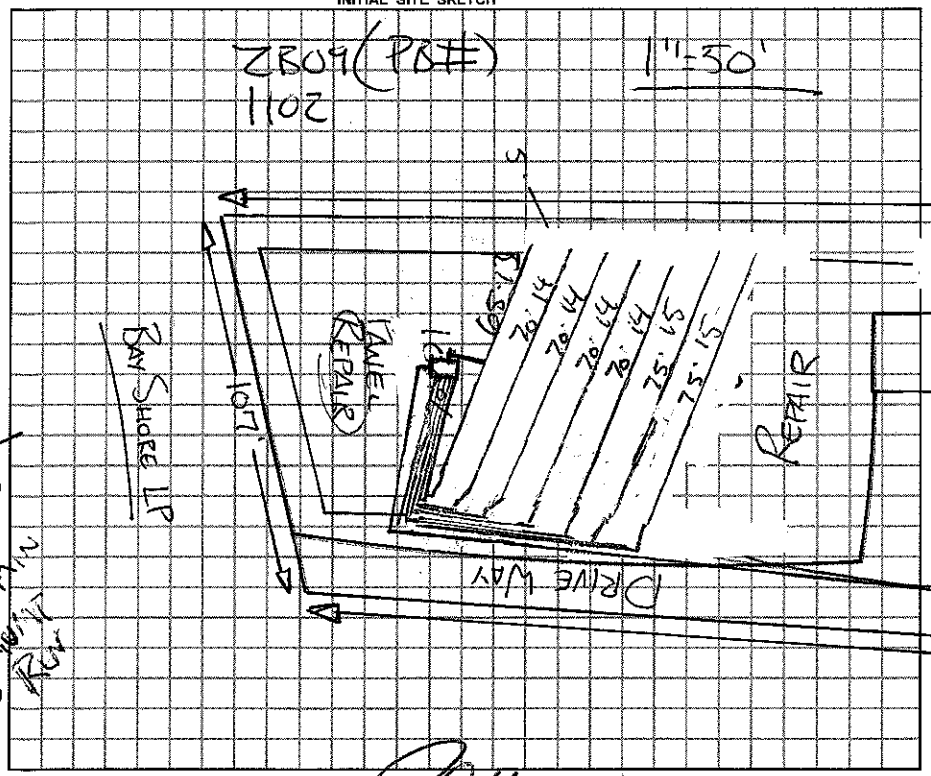
☒ Residence No. Bedrooms 5 SEE NOTE
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

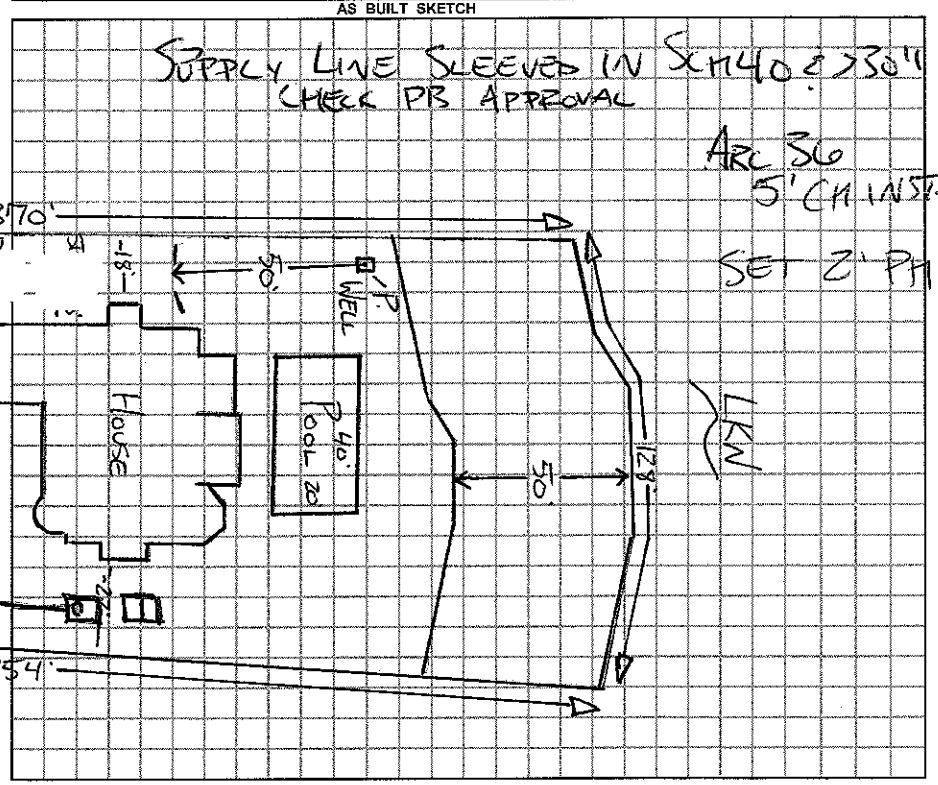
Comments / Conditions ① MEET ALL REQUIRED SETBACKS ② TANKS MAY ALSO GO ON OTHER SIDE OF HOUSE BUT SUPPLY LINE WOULD HAVE TO GO UNDER DRIVE ③ KEEP TANKS MIN 50' FROM P. WELL SITE

Comments / Conditions 333' LP - PANEL BLOCK CAN BE INSTALED FOR 5 BED ROOMS. (5 BR. MUST HAVE 1500 GAL TANKS) 500' 25% WOULD ALSO = 5 BR. BA

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 revision* ☒ *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: _____ Date 2/4/2011

Improvement Permit by: _____ REHS Date 2-4-11

Authorization to Construct by: _____ REHS Date 2-4-11

Installed by: GROUND BREAKERS

Operation Permit by: _____ REHS Date: 9-7-11

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