IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # REPAIR PIN # 4639-65-0892 DATE 3-6-09

OWNER or APPLICANT [redacted] SARAH BAILY PHONE: Business 704-662-2491 Home:

OWNER or APPLICANT ADDRESS

LOCATION / DIRECTIONS 733 FERN HILL RD

SUBDIVISION — BLOCK / SECTION — LOT # — LOT AREA DESIGN FLOW 360 L.T.A.R. 3

Septic Tank 1000 Gallons: STB 760 Date 1-09

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 5 Linear Feet 300'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth — ☒ GRAVITY ☐ PRESSURE

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

System Description:

Repair System Description: GRAVITY 25% CHAMBER

Maintenance Agreement Required ☐ YES ☒ NO

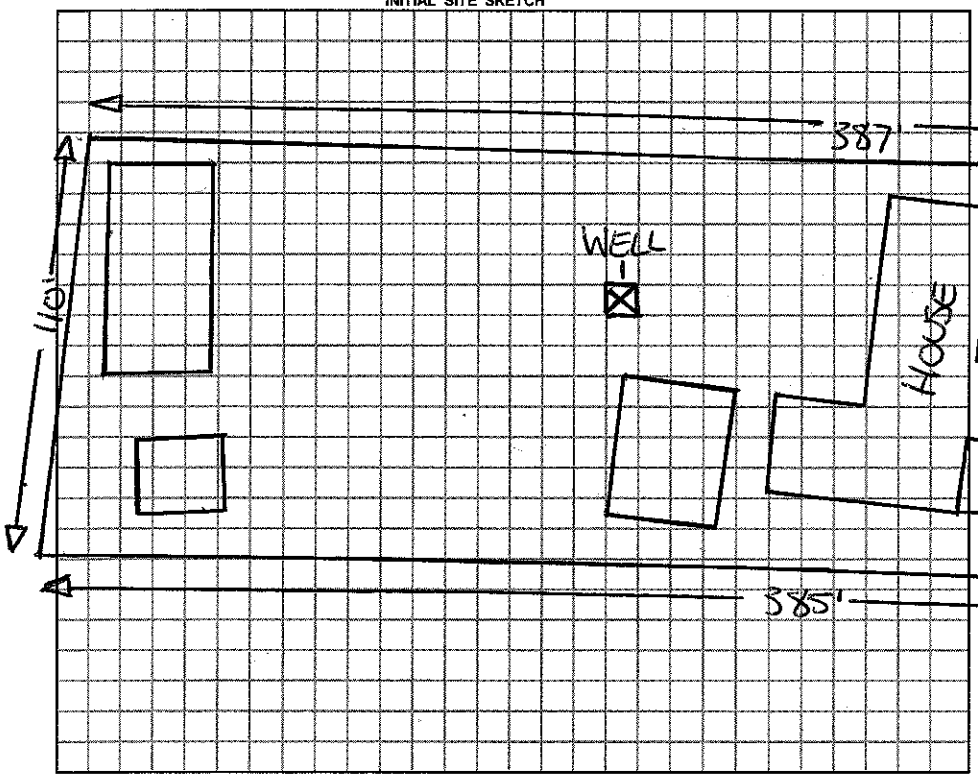
☒ Residence No. Bedrooms ☐ Business No. Persons ☐ Other No. Employees ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☒ Private ☐ Public ☐ Community

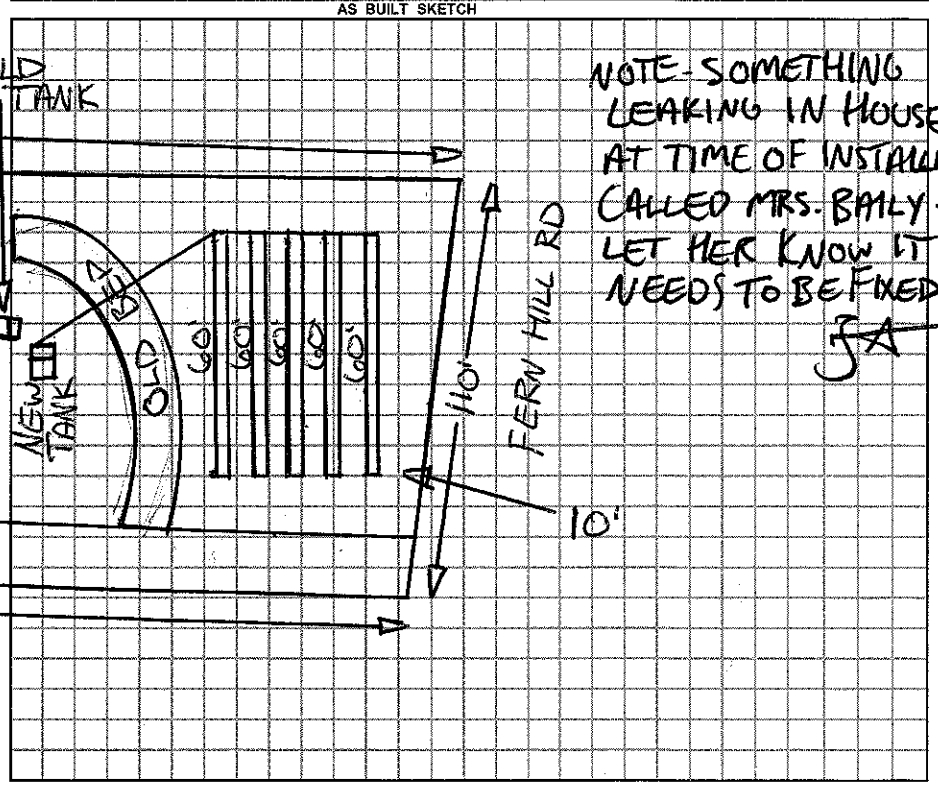
Comments / Conditions 1) MAINTAIN ALL SETBACKS 2) KEEP SUPPLY LINE SHALLOW BECAUSE IT MUST RUN OVER BED

Comments / Conditions INSTALLED AS DRAWN IS PER LINE

INITIAL SITE SKETCH



AS BUILT SKETCH



NOTE-SOMETHING LEAKING IN HOUSE AT TIME OF INSTALLATION CALLED MRS. BAILY + LET HER KNOW IT NEEDS TO BE FIXED SA

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: Sarah S Bailey Date 3-12-09

Improvement Permit by: [signature] Date 3-9-09

Authorzation to Construct by: [signature] Date 3-9-09

Installed by: A-1

Operation Permit by: [signature] Date: 4-7-09

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