2:30

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-66[redacted]

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

PERMIT # _____ PIN # 4645-02-8550 DATE 2-13-09

OWNER or APPLICANT DAVIDSON COLLEGE PHONE: Business 704-894-2311 Home: _____

OWNER or APPLICANT ADDRESS _____

LOCATION / DIRECTIONS I-77 S, TR LANGTREE RD, TR LAKE CAMPUS DR.

SUBDIVISION — BLOCK / SECTION — LOT # — LOT AREA _____ DESIGN FLOW 240 L.T.A.R. .35

Septic Tank EXISTING Gallons: STB 794 Date 10-31-08
Pump Tank _____ Gallons: P T _____ Date _____
Pump Make _____ Model _____ Serial # _____
Nitrification Field No Fields 1 No Lines 3 Linear Feet 252'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: GRAVITY 25%
Repair System Description: SAME
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

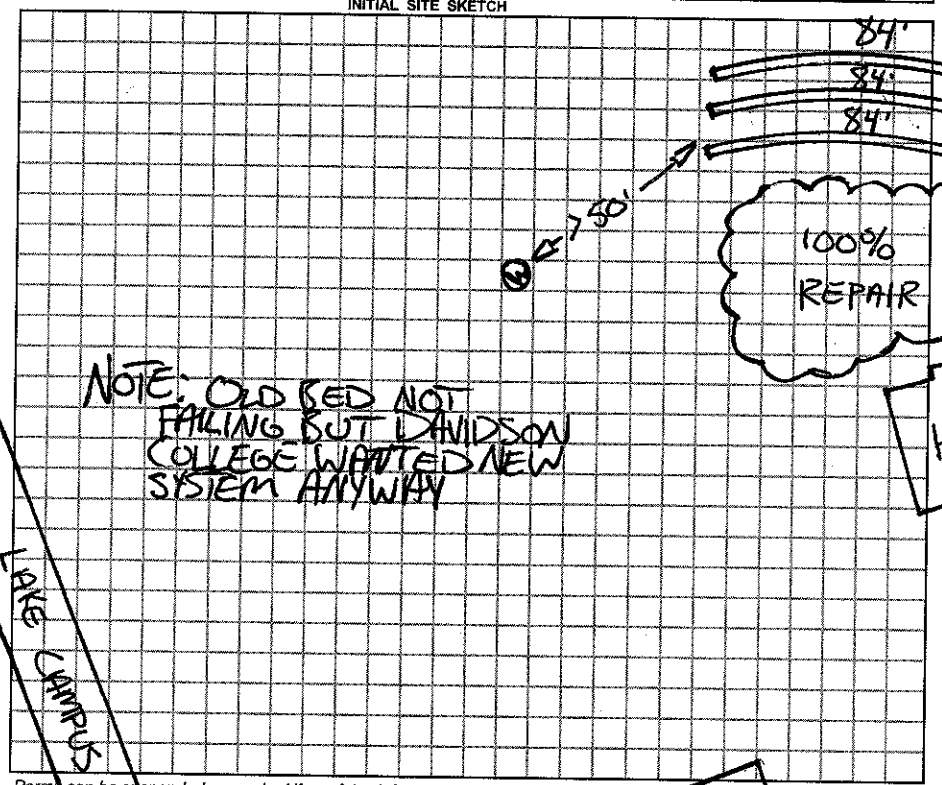
☒ Residence No. Bedrooms 2
☐ Business No. Persons _____
☐ Other No. Employees _____
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

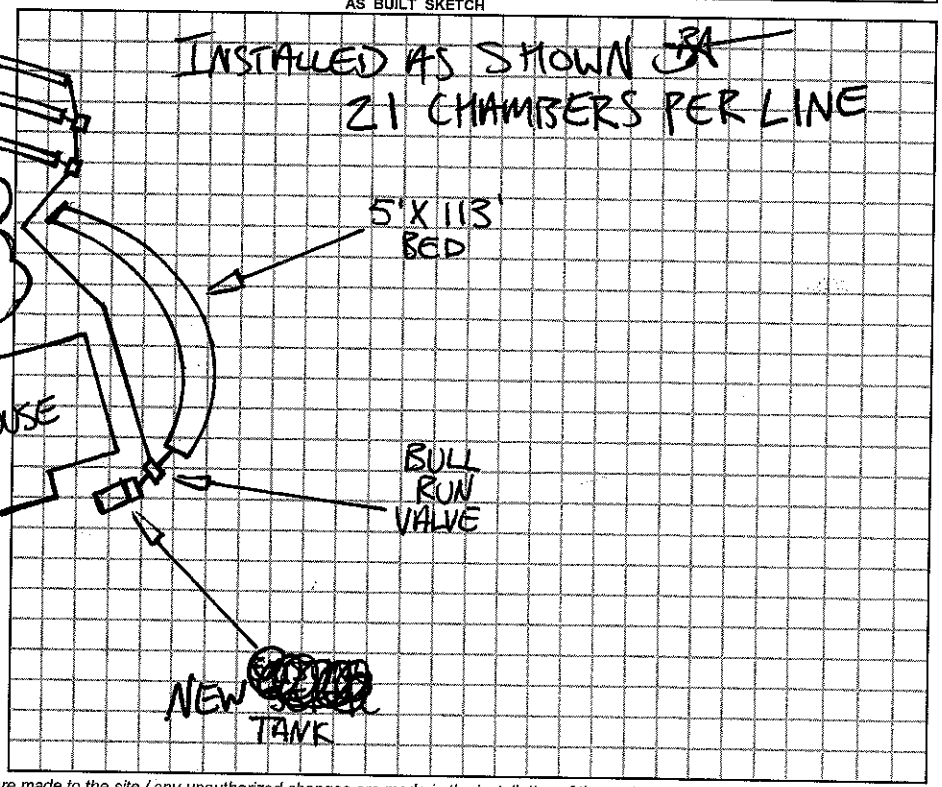
Comments / Conditions 1) INSTALL BULL RUN VALVE TO SWITCH BETWEEN DRAIN FIELDS 2) INSTALL FILTER IN TANK

Comments / Conditions .35 LTAR BUT DESIGNED @ .3 BECAUSE OF AMOUNT OF ROOM

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.* ☒ *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: Heidi M Anderson Date 2-23-09 Installed by: RICHARD ABERNATHY

Improvement Permit by: [signature] Date 2-13-09 Operation Permit by: [signature] Date: 3-9-09

Authorization to Construct by: [signature] Date 2-13-09 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