IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☑ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # _____ PIN # 4646-05-0055 DATE 10-17-11

OWNER Clifford Englehardt APPLICANT: Same PHONE: Home/Cell # 704-799-9847 Business # _____

SITE ADDRESS 259 Crystal Cr OWNER / APPLICANT ADDRESS Same

SITE DIRECTIONS SR, Canvasback, Woodduck, Crystal Cr

SUBDIVISION Crystal Bay BLOCK / SECTION _____ LOT # 54 LOT AREA .46Ac DESIGN FLOW 480 L.T.A.R. _____

Septic Tank Existing Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: _____ No. Lines _____ Linear Feet _____

Trench Width Existing Max Trench Bottom Depth _____

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

System Description: Gravity Bed

Repair System Description: 25%

Maintenance Agreement Required ☐ YES ☒ NO

Gravel Depth _____ ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons _____

☒ Other No. Employees _____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☒ Private

☐ Public

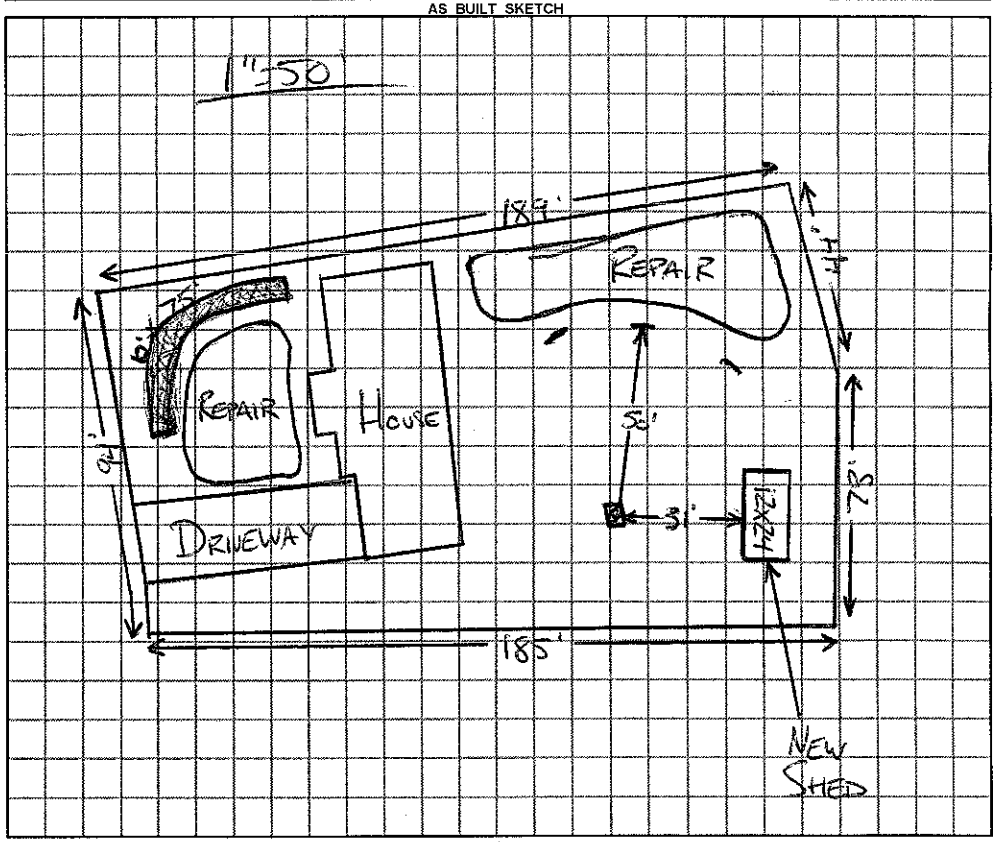
☐ Community

Comments / Conditions

SHED

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*** with plat valid without expiration. ☐ ***IMPROVEMENT PERMIT*** with ~~plat valid without expiration.~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Clifford A Englehardt Date 17 Oct 2011 Installed by: _____

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____

OPERATION PERMIT by: _____ ***REHS*** Date _____

Existing System Inspected by: _____ ***REHS*** Date 10-17-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant