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 # 4646269025 DATE 10-11-2011

OWNER Diana Sweezy APPLICANT: Same PHONE: Home/Cell # 704 664-2998 Business # _____

SITE ADDRESS 120 Winddrift Ln M'Ville OWNER / APPLICANT ADDRESS 120 Winddrift Ln M'Ville 28117

SITE DIRECTIONS Brawley School Rd TL Williamson TR Sundown (just past Moreland Est) TL Winddrift On Rt

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 1.0 Ac DESIGN FLOW _____ L.T.A.R. _____

Plastic Septic Tank 1000 Gallons: STB IM1060 Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: 1 No. Lines _____ Linear Feet ~75'

Existing Trench Width ~5ft Max. Trench Bottom Depth _____

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

System Description: Gravity – Conventional

Repair System Description: _____

Maintenance Agreement Required ☐ YES ☐ NO

Gravel Depth ~12" ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms _____

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☐ Crawl Space

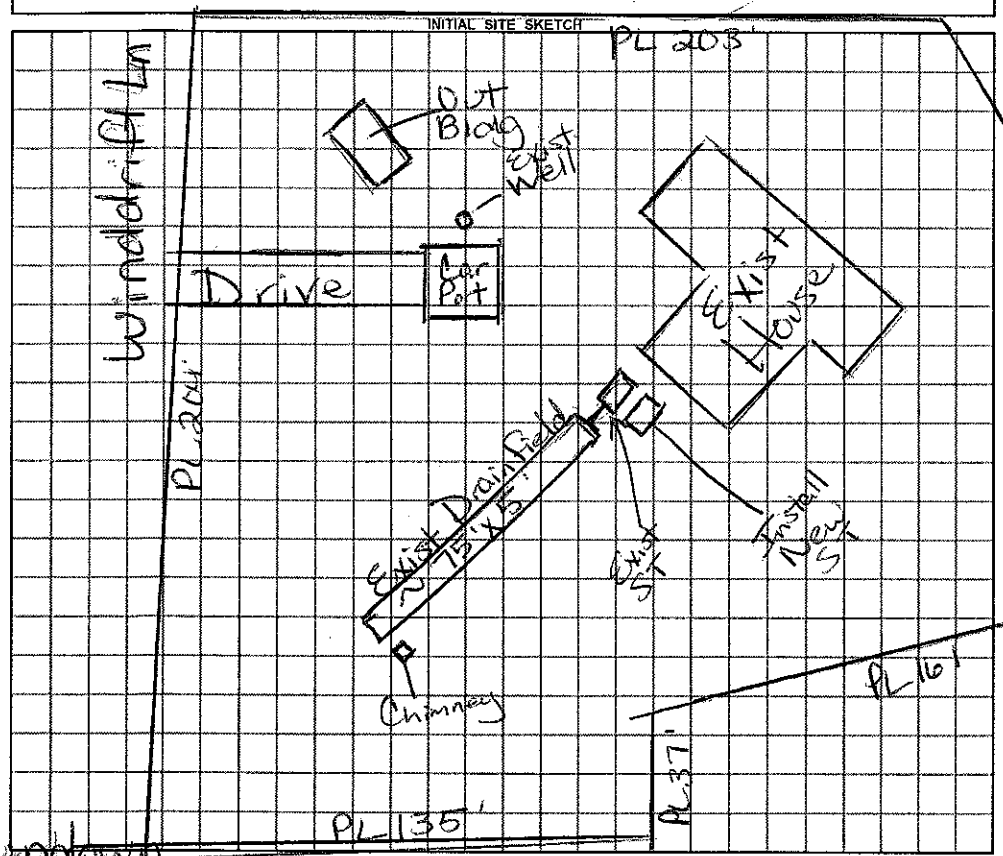
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

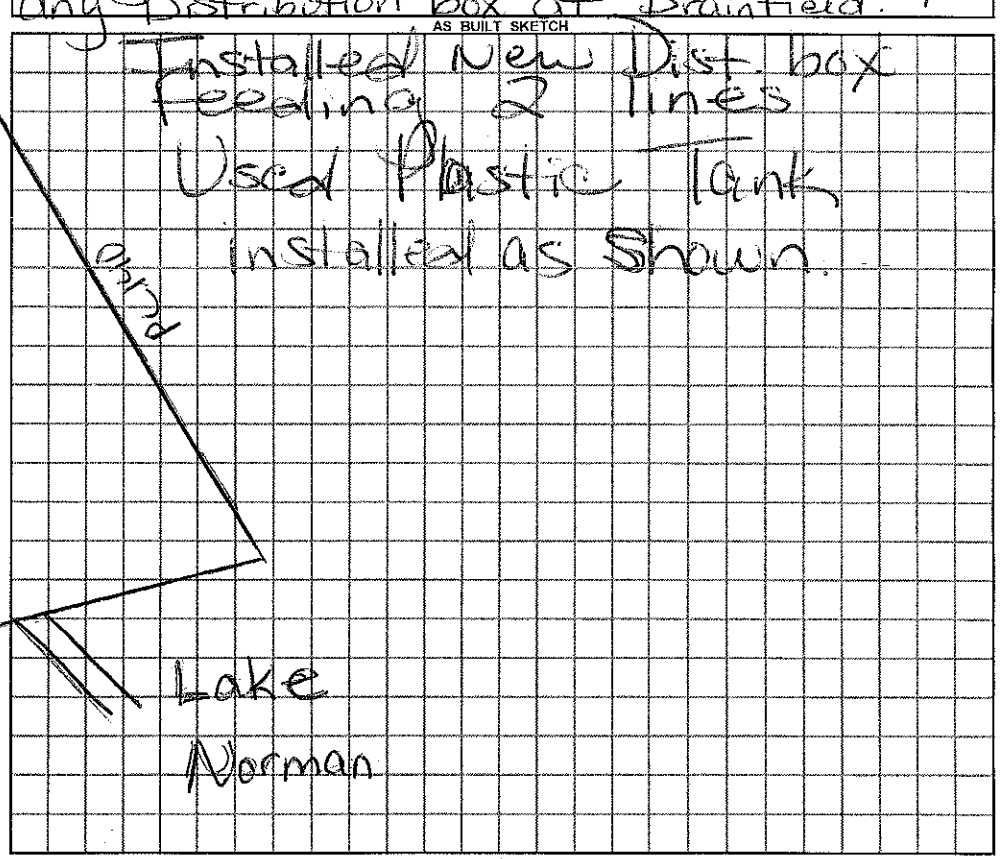
Comments / Conditions: Could not locate original Septic permit. House built in 1963

Replace existing ST with new ST Check drainline / New House & ST May need to do Maintenance or replace any Distribution box at Drainfield.

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: Diana Sweezy Date _____

IMPROVEMENT PERMIT by: _____ REHS Date 10/11/11

AUTHORIZATION TO CONSTRUCT by: _____ REHS Date 10/11/11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Installed by: C Wayne Orbison

OPERATION PERMIT by: _____ REHS Date 10/20/11

Existing System Inspected by: _____ REHS Date _____

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