IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 109164 PIN # 4646393516 DATE 5-11-2009

OWNER or APPLICANT Jody Rogers / Harold Beard PHONE: Business 400-9852 Home:

OWNER or APPLICANT ADDRESS 11735 Bradshaw Rd Mt. Ulla, NC 28125

LOCATION / DIRECTIONS Williamson Rd TR Sundown on left #155 across from entrance to Est@Sundown

SUBDIVISION Idlewood Harbor BLOCK / SECTION LOT # 43A LOT AREA 1.4Acre DESIGN FLOW 360 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 760 Date 12-12-08 ☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

Pump Tank Gallons: P T Date System Description: Gravity - 25% Reduction

Pump Make Model Serial # Repair System Description: Same

Nitrification Field No Fields 1 No Lines 4 Linear Feet 360' Maintenance Agreement Required ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A ☒ GRAVITY ☐ PRESSURE

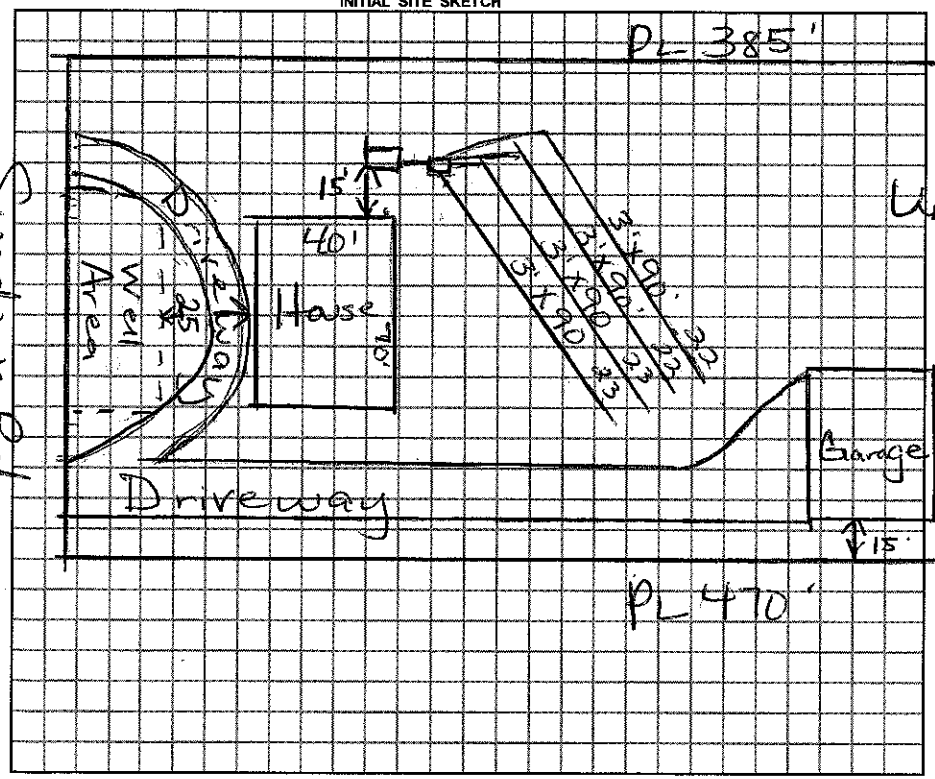
☒ Residence No. Bedrooms 3 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☒ Private ☐ Public ☐ Community

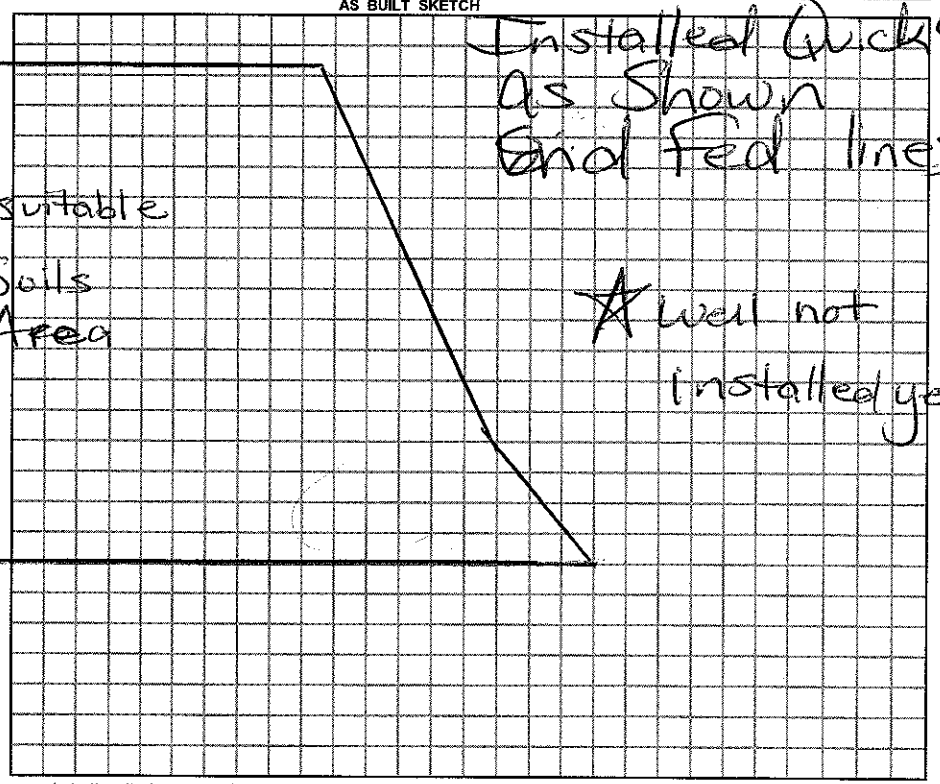
Comments / Conditions Keep ST 15ft (Sideslope) From Basement

Comments / Conditions Any further pool must be at least 15ft from Septic System Okay to Fed thru endcap if Quick4 Chambers used.

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: Jody Rogers Date 5-12-09

Improvement Permit by: Marina Nelson RS Date 5/12/09

Authorzation to Construct by: Marina Nelson RS Date 5/12/09

Installed by: Abee Grayling

Operation Permit by: Marina Nelson RS Date: 5/21/09

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