IREDELL COUNTY HEALTH DEPARTMENT

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

(9:30-10:00)

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

PERMIT# 25844 (96010) PIN# ~~4664653144~~ 4664653306 DATE 10/25/99

OWNER OR CONTRACTOR BRIDGEWATER COMP. / LOU GAIS PHONE: Business _____ Home _____

ADDRESS 516 N Hwy 16 - DENVER NC

LOCATION 21.5 - TR ALCOVE - NEAR END ON RT.

SUBDIVISION BRIDGEWATER BLOCK / SECTION _____ LOT 5 LOT AREA 1.5 SITE CLASS ~~4 5~~ 4 DESIGN FLOW 450 GPD L.T.A.R. .30 PD/FT 2

Septic Tank: 1000 Gallons; STB 794 Date 6/7/00

Pump Tank: 1000 Gallons; PT 37 Date 6/10/00

Pump Make: MYERS Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PUMP 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

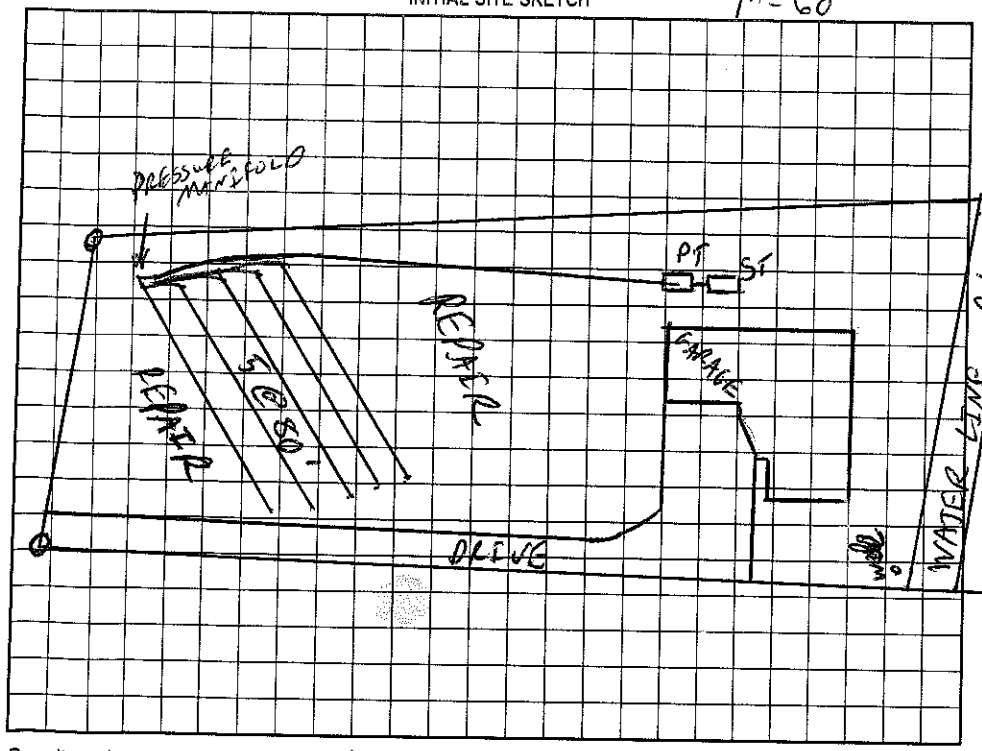
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

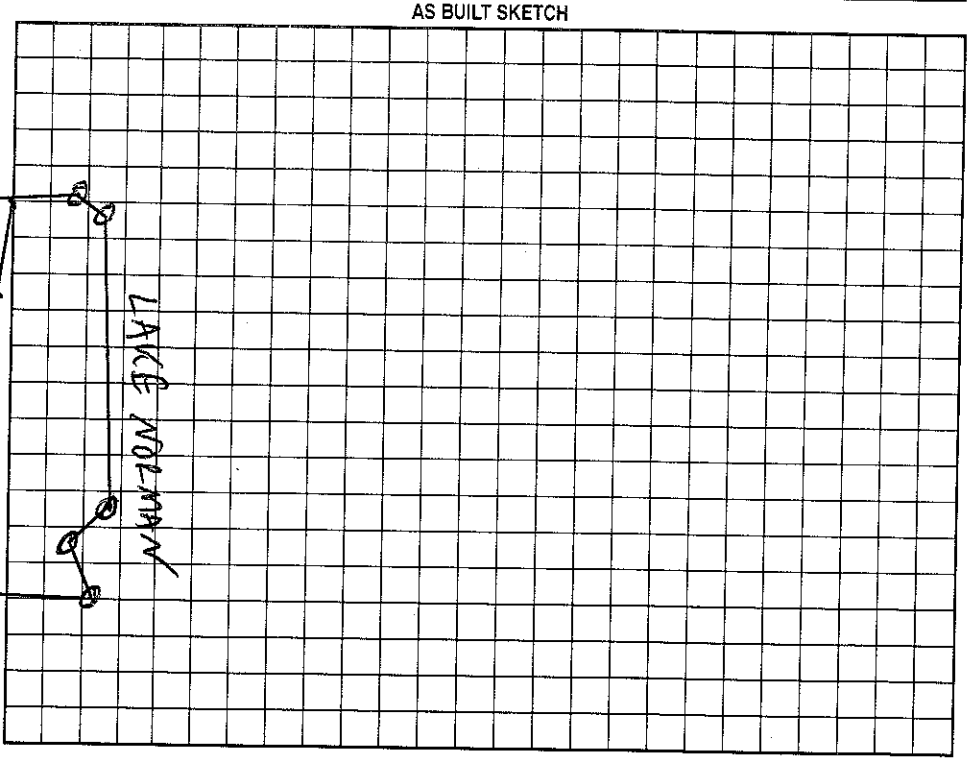
Comments:/Conditions: WELL SHALL BE 100' FROM SEPTIC SYSTEM. MAY HAVE TO PUT EJECTOR PUMP IN BASEMENT.

Comments:/Conditions:

INITIAL SITE SKETCH 1" = 60'



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 site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 10/26/99

Improvement Permit by: _____ RS date 10/25/99

Authorization to Construct by: _____ RS date 10/25/99

Installed by: Rodi Long Grading

Operation Permit by: Wesley Sparks RS. date 10/24/00

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK