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 # 12729 PIN # 4648114805 DATE 5-24-2012

OWNER James Holmes APPLICANT: Same PHONE: Home/Cell # 7049298325 Business #

SITE ADDRESS 381 Big Indian Lp. OWNER / APPLICANT ADDRESS

SITE DIRECTIONS Hwy 150 TR Bluefield TL Big Indian Lp. TL McInnis On Corner

SUBDIVISION BLOCK / SECTION LOT # LOT AREA .97Ac DESIGN FLOW 360gpd L.T.A.R.

Septic Tank Existing Gallons: STB Date
Pump Tank Gallons: P T Date
Pump Make Model Serial #
No. Nitrification Fields: 1 No. Lines Linear Feet 50ft Bed
Trench Width 10'W Bed Max. Trench Bottom Depth ~48" Gravel Depth 24"

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: Existing Gravity Conventional
Repair System Description: Same
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

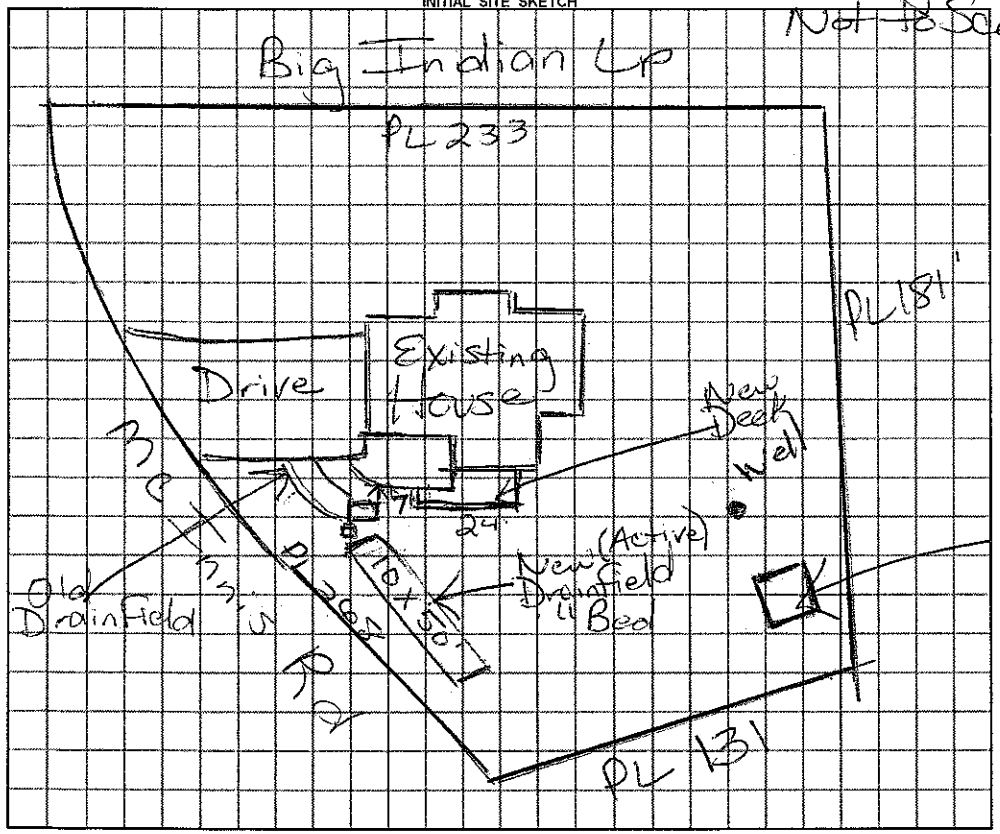
☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

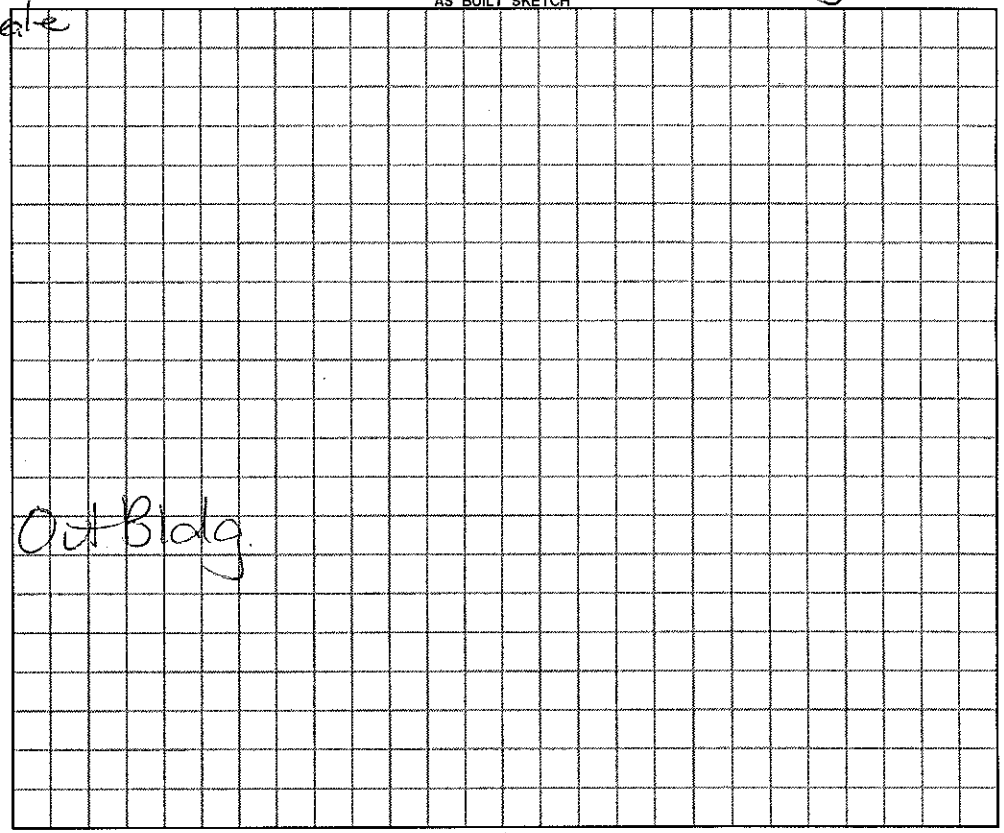
Comments / Conditions: Existing Septic System appears to be functioning okay at time of inspection. Drainfield is wet but not surfacing.

Must keep New deck at least 5ft from Septic System (Note ST 7ft from retaining wall)

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: James Holmes Date 5/24/12 Installed by: Barry Thompson 11/19/97

IMPROVEMENT PERMIT by: ***REHS*** Date OPERATION PERMIT by: ***REHS*** Date

AUTHORIZATION TO CONSTRUCT by: ***REHS*** Date Existing System Inspected by: Marina Rios ***REHS*** Date 5/24/12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / ~~CERTIFICATE OF COMPLETION~~ / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. repair DATE 4/29/96 TAX MAP NO. 4648114805 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Charles Ball PHONE: Business _____ Home 663-2208

ADDRESS 381 Big Tobing Loop

LOCATION 1.50 W TR Bluebird - TL Big Tobing Loop on left Before Lake Norman

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.97 ac SITE CLASS. P3 DESIGN FLOW 360 gpd L.T.A.R. 8 gpd

Septic Tank: existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No. Fields 1 Square Feet 500 Linear Feet 140

No Lines Bed Trench Width 10' Max Trench Bottom Depth 36" Gravel Depth 24"

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

System Description: Gravity Conventional Bed

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

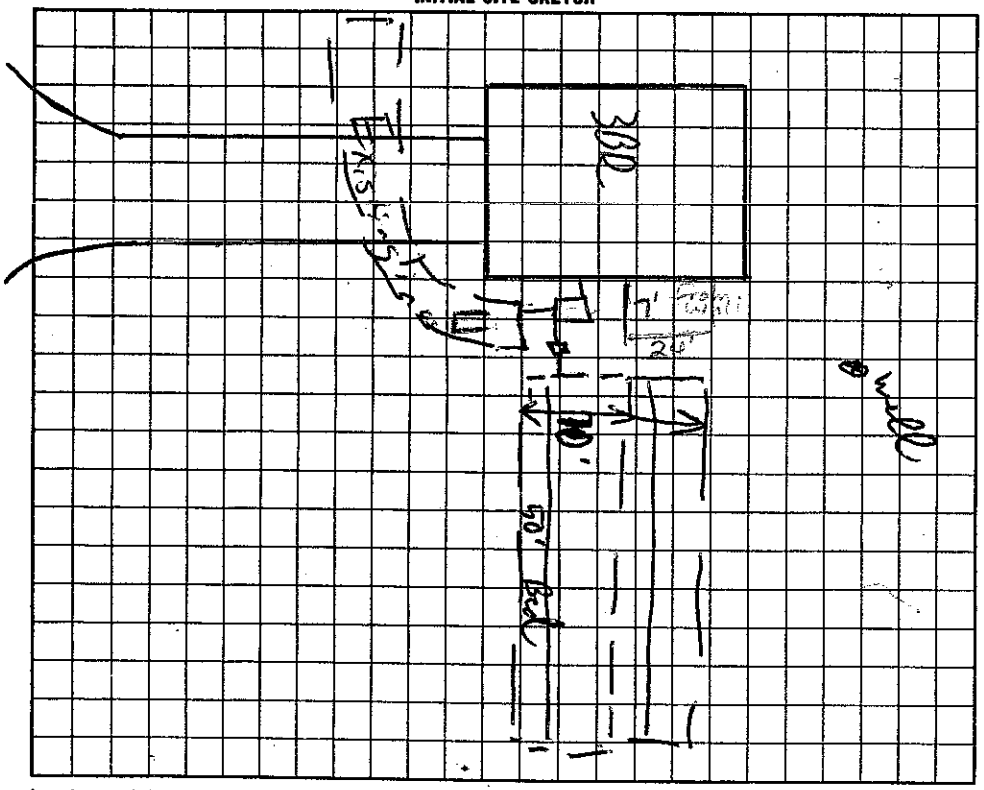
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☑ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

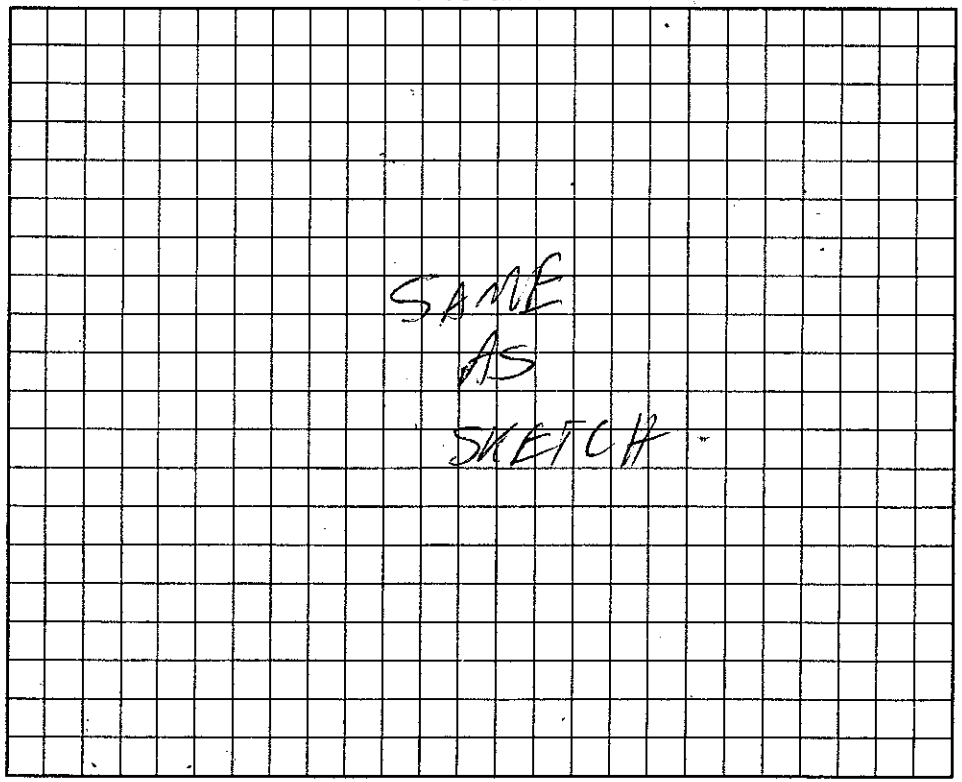
Comments:

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that ~~this~~ 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.

Signed: Beverly E Ball

Improvement Permit by: C. Kelly Freeman EHSE date 4/29/96

~~Existing System Inspection~~ by: C. Kelly Freeman EHSE date 4/29/96

Installed by: BARRY THOMPSON

Certificate of Completion by: _____ date _____

Operation Permit by: C. Kelly Freeman date 11/19/97

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