IREDELL COUNTY HEALTH DEPARTMENT

10:30

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

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

PERMIT # 154759 PIN # 4648-36-6761 DATE 4-24-09

OWNER or APPLICANT BROCE STROUP PHONE: Business 704-933-1111 Home:

OWNER or APPLICANT ADDRESS PO BOX 1 KANNAPOLIS NC, 28082

LOCATION / DIRECTIONS 150, TR BLUE FIELD, TL BIG INDIAN LP, 747

SUBDIVISION CL+T BLOCK / SECTION 12 LOT # 81 LOT AREA .6 AC DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 8-28-09

Pump Tank ____ Gallons: P.T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 200'

Trench Width 24"-36" Max. Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 4-PANEL BLOCK GRAVITY

Repair System Description: SAME

Maintenance Agreement Required ☒ YES ☐ NO

☒ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____

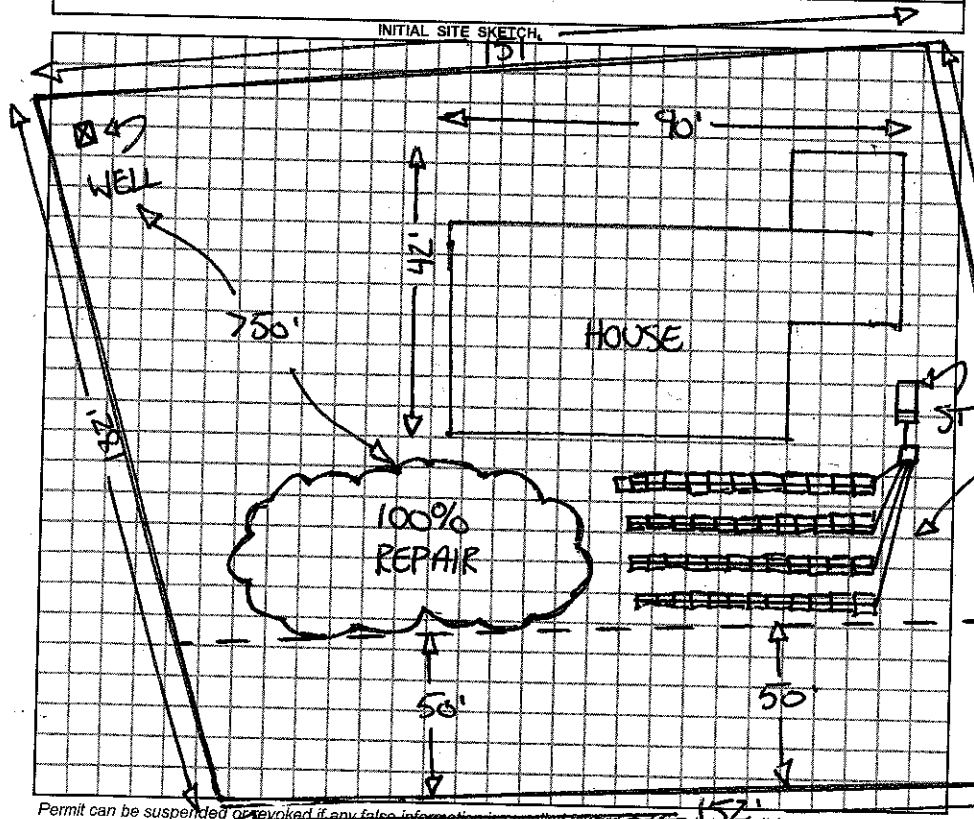
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

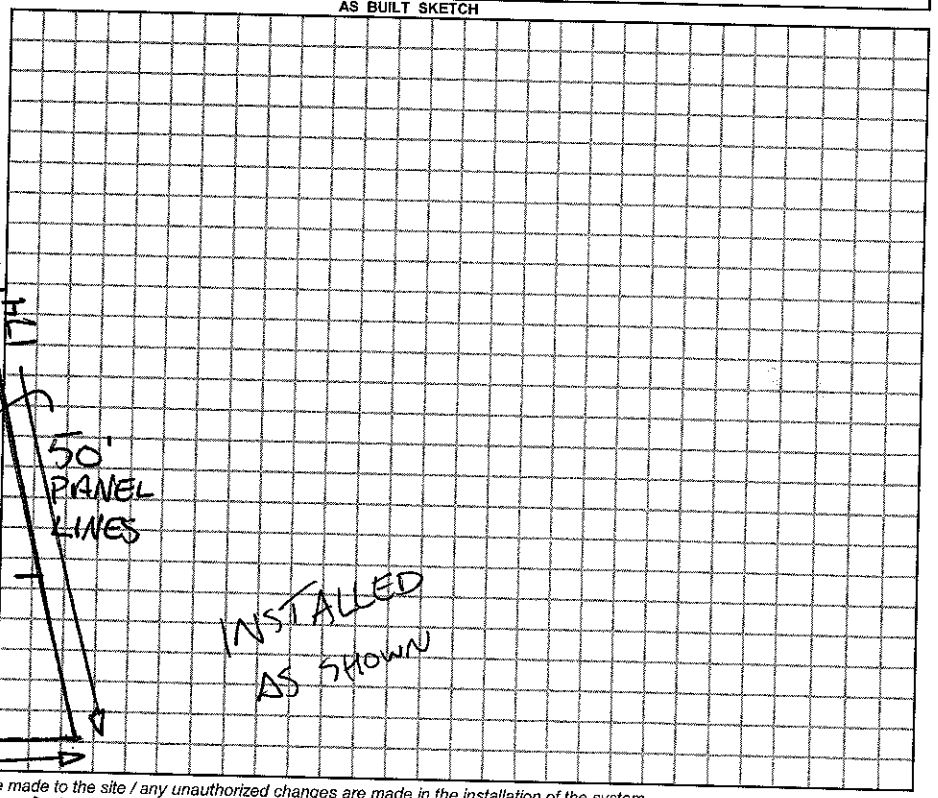
Comments / Conditions

Comments / Conditions 1) MEET ALL REQUIRED SET BACKS 2) TANK MUST BE 15' FROM HOUSE BECAUSE OF BASEMENT

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward acquiring 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: Broce Stroup JES Brunches Date ____

Improvement Permit by: J-A-Lee Date 4-24-09

Authorization to Construct by: J-A-Lee Date 4-27-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: LARRY BEAM GRADING

Operation Permit by: J-A-Lee R.S. Date: 10-9-09

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant