IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 15288 PIN# 4649775636

OWNER OR APPLICANT Jeffrey Richards DATE 9/8/08

ADDRESS 631 Alexander St PHONE: Business 704.450.0575 Home NA

LOCATION I-5 N, TL Flowes House Loop, TL Rankinhill, TL Elizabeth Ann, TL Crewes, at end (127 Crewes)

SUBDIVISION Westwinds BLOCK / SECTION 3 LOT 63 LOT AREA 0.58 AC SITE CLASS. P.S. DESIGN FLOW 360 gal/d L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 1012 Date 10/10/99

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 5@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

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

System Description: existing 25% reduction

Repair System Description: LPP PBPS

Maintenance Agreement Required: ☐ Yes ☐ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☑ Individual ☐ Public ☐ Community

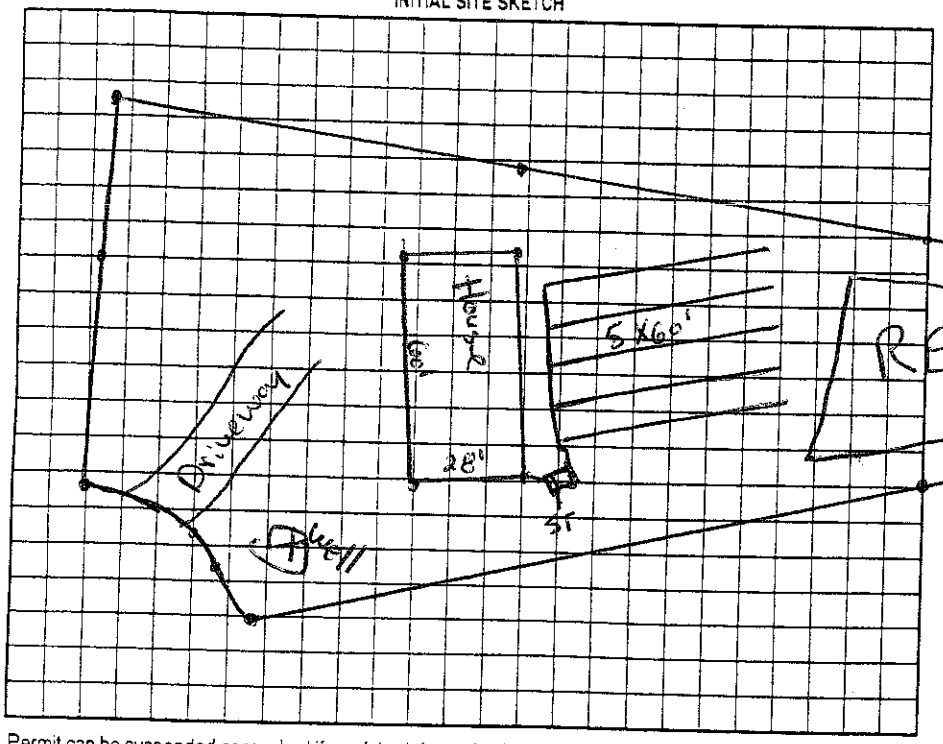
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: * place house inside building envelope

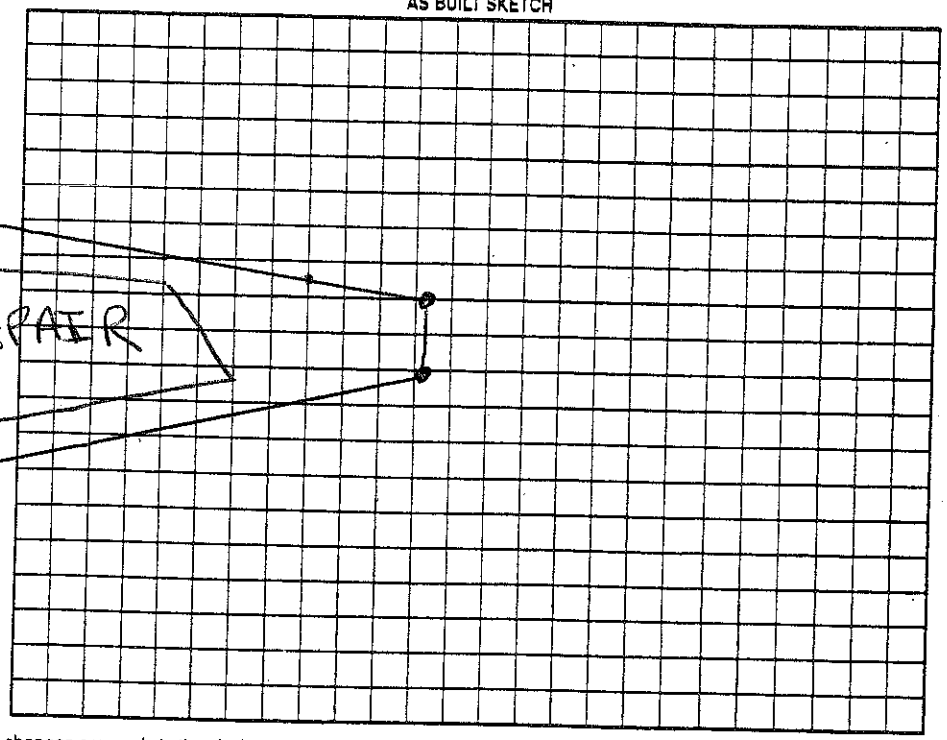
* Do not disturb repair area

Comments:/Conditions:

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 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: [signature] date 9-10-08

Improvement Permit by: ____ date ____

Authorization to Construct by: ____ date ____

Installed by: ____

Operation Permit by: Ron Vance date 9/8/08

Existing System Inspection by: [signature] date 9/8/08

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