gm

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # _____ PIN # 4654-77-8208 DATE 11-26-12

OWNER or APPLICANT ROBERT TYSON PHONE: Business 423-667-6716 Home: _____

OWNER or APPLICANT ADDRESS 3 WOODLINE LN. LAKE WYLIE, SC 29710

LOCATION / DIRECTIONS 115 SOUTH, PRESBYTERIAN, SINK FARM, ON L

SUBDIVISION DAVIDSON DOWNS BLOCK / SECTION 2 LOT # 41 LOT AREA .55AC DESIGN FLOW 480 L.T.A.R. .35

Septic Tank EXISTING Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 2 Linear Feet 85'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth — ☒ GRAVITY ☐ PRESSURE

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

System Description: CONVENTIONAL + 25% RED

Repair System Description: LP-PANEL

Maintenance Agreement Required ☐ YES ☒ NO

☒ Residence No. Bedrooms 4 ☐ Business No. Persons _____ ☐ Other No. Employees _____

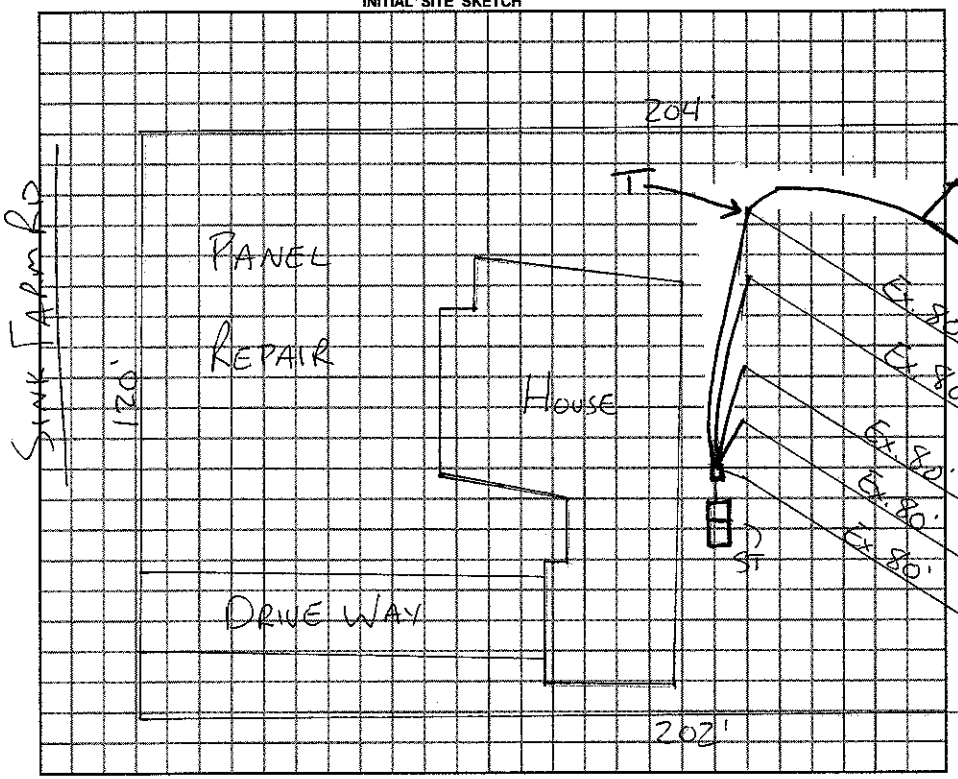
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

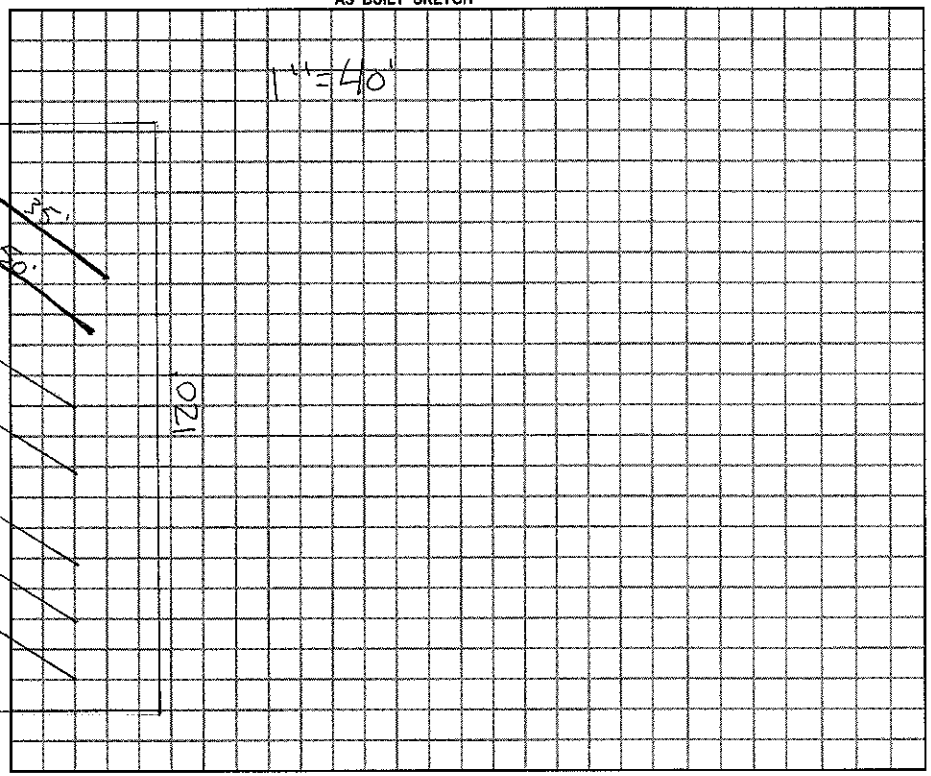
Comments / Conditions: INSTALL 2 LINES AS SHOWN (50' & 35') FEED INTO 50' OUT OF D-BOX & LET OVER FLOW TO 35'

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 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: Janet Tyson Date 11-28-12

Improvement Permit by: [signature] Date 11-26-12

Authorization to Construct by: [signature] Date 11-26-12

Installed by: ROWAN SEPTIC

Operation Permit by: [signature] Date: 12-11-12

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