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 # 1169890 PIN # 4654-96-2976 DATE 1-17-12

OWNER JESSICA SHIRLEN APPLICANT: GRANDE HOMES PHONE: Home/Cell # 704-400-1710 Business #

SITE ADDRESS 194 CANTERBURY PLACE 28115 OWNER / APPLICANT ADDRESS 555 DELBURG ST DAVIDSON

SITE DIRECTIONS PRESBYTERIAN RD, TR BUCKINGHAM PL, TR CANTERBERRY

SUBDIVISION DAVIDSON DOWNS BLOCK / SECTION LOT # 23 LOT AREA .74 AC DESIGN FLOW 480 GPD L.T.A.R. .35

Septic Tank 1000 Gallons: STB 794 Date 10-28-11
Pump Tank Gallons: P T Date
Pump Make Model Serial #
No. Nitrification Fields: 1 No. Lines 6 Linear Feet 340'
Trench Width 36" Max. Trench Bottom Depth 36"

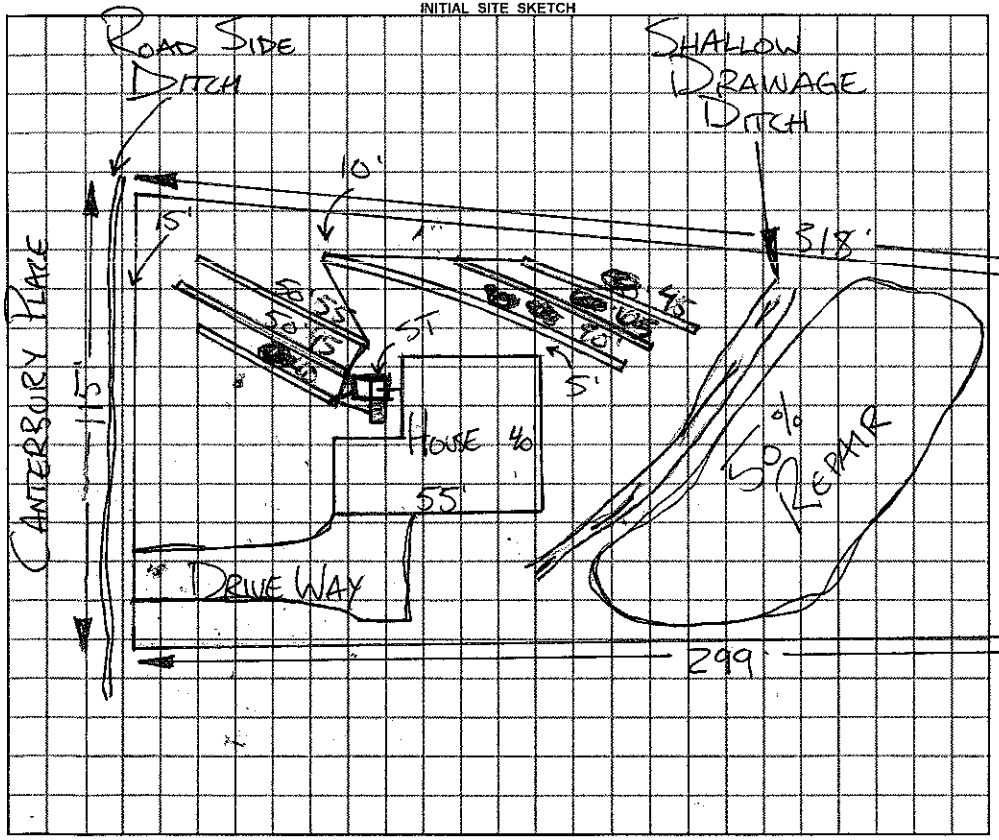
☒ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: 50% REDUCTION
Maintenance Agreement Required ☐ YES ☒ NO
Gravel Depth — ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

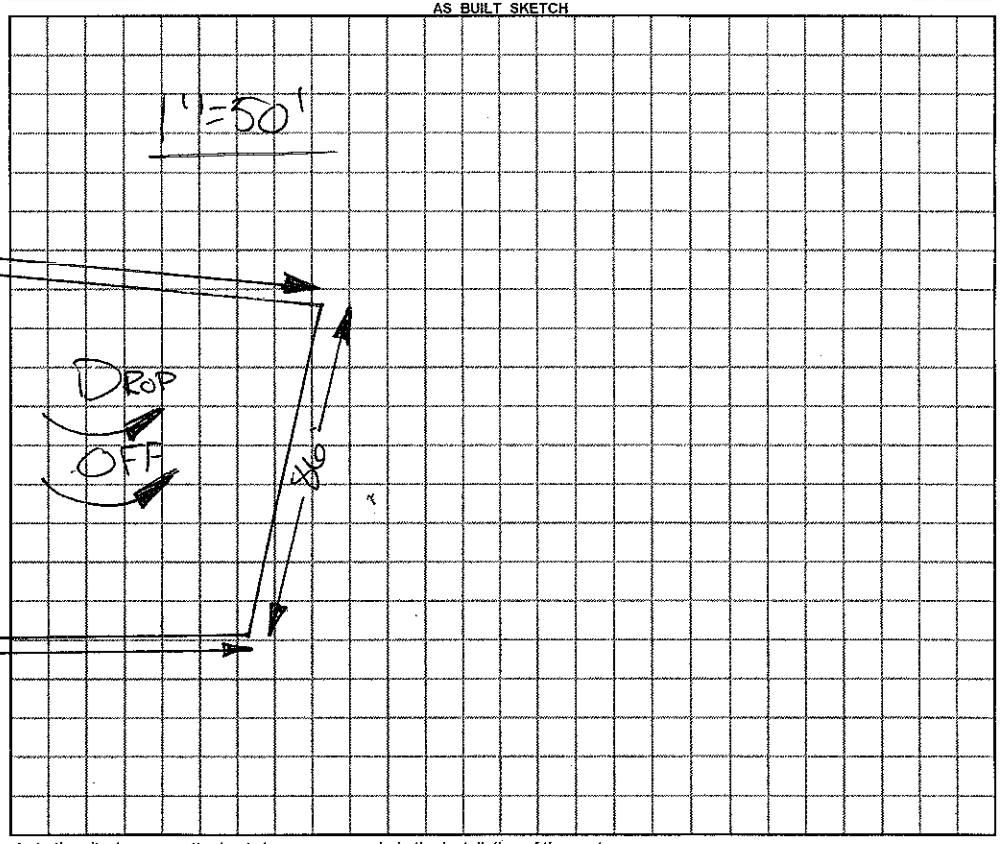
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions (P) TANK MUST BE 5' OFF FOUNDATION

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: [signature] Date 1-19-12 Installed by: BW CHRISTENBURY

IMPROVEMENT PERMIT by: [signature] ***REHS*** Date 1-13-12 OPERATION PERMIT by: [signature] ***REHS*** Date 4-11-12

AUTHORIZATION TO CONSTRUCT by: [signature] ***REHS*** Date 2-15-12 Existing System Inspected by: ***REHS*** 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