1-130

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137929 PIN# 4658445638 DATE 12-7-06

OWNER OR APPLICANT Sonya and Shane Byrd PHONE: Business 980-722-2316 Home 704-663-0928 or 980-722-0976

ADDRESS 150 Cornelius Rd Mooresville

LOCATION 21 N TL Cornelius on right next to 150 Cornelius Rd

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .5 Ac SITE CLASS PS DESIGN FLOW 360gpd L.T.A.R. .3 gpd/ft²

Septic Tank: 1000 Gallons: STB 1012 Date 8/22/06
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet _____ Linear Feet 300
No Lines 4@75' Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction gravity
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

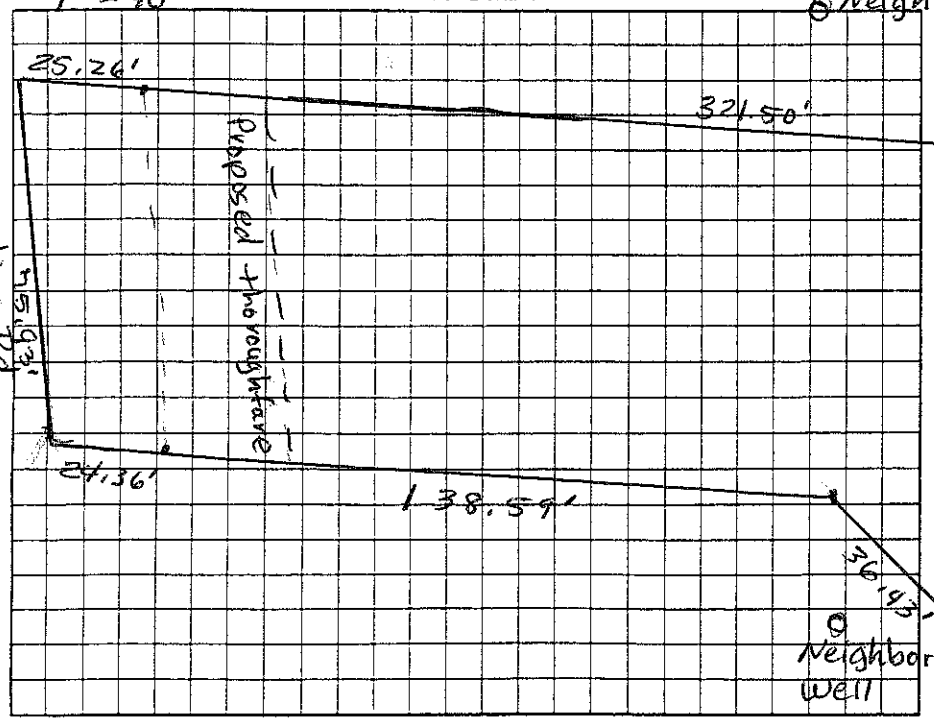
Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: Shave Berm before installation
D-Box w/ speed levelers or end cap distribution
Max trench bottom 30"

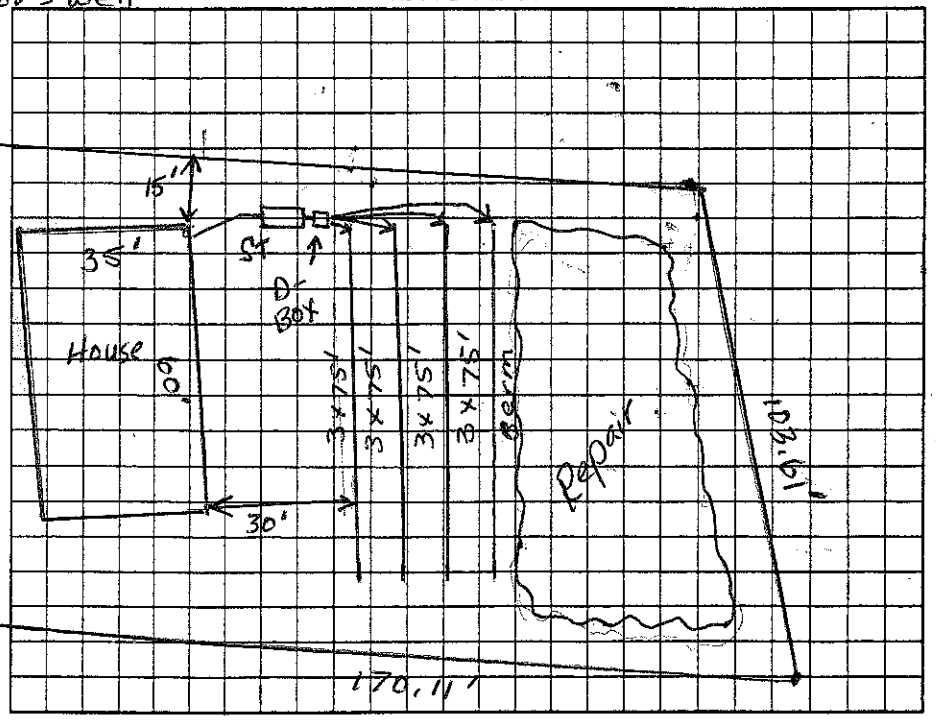
Comments:/Conditions:

1" = 40'

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: Sonya S. Byrd date 12/27/06 Installed by: A-1 Backhoe

Improvement Permit by: Judy Melville date 12-7-06 Operation Permit by: Wesley Sparks RS. date 2/22/1

Authorization to Construct by: Judy Melville date 12-22-06 Existing System Inspection by: _____ date _____

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