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 # _____ PIN # 4658999648 DATE 8-11-2011 Bill

OWNER Richard Shriber APPLICANT: LKN Roofing PHONE: Home/Cell # 7046589623 Business # 980 722-1651

SITE ADDRESS 136 Carolina Wren OWNER / APPLICANT ADDRESS 123 Craftsman Lp

SITE DIRECTIONS US 21/Hwy 115 N TR Shinnville TL Carolina Wren Dr. on right near end

SUBDIVISION Grace Meadows BLOCK / SECTION _____ LOT # 5 LOT AREA 20,524Ft² DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank 1000 Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Existing Gravity -25% Reduction

Repair System Description: Innovative Panel Blk

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

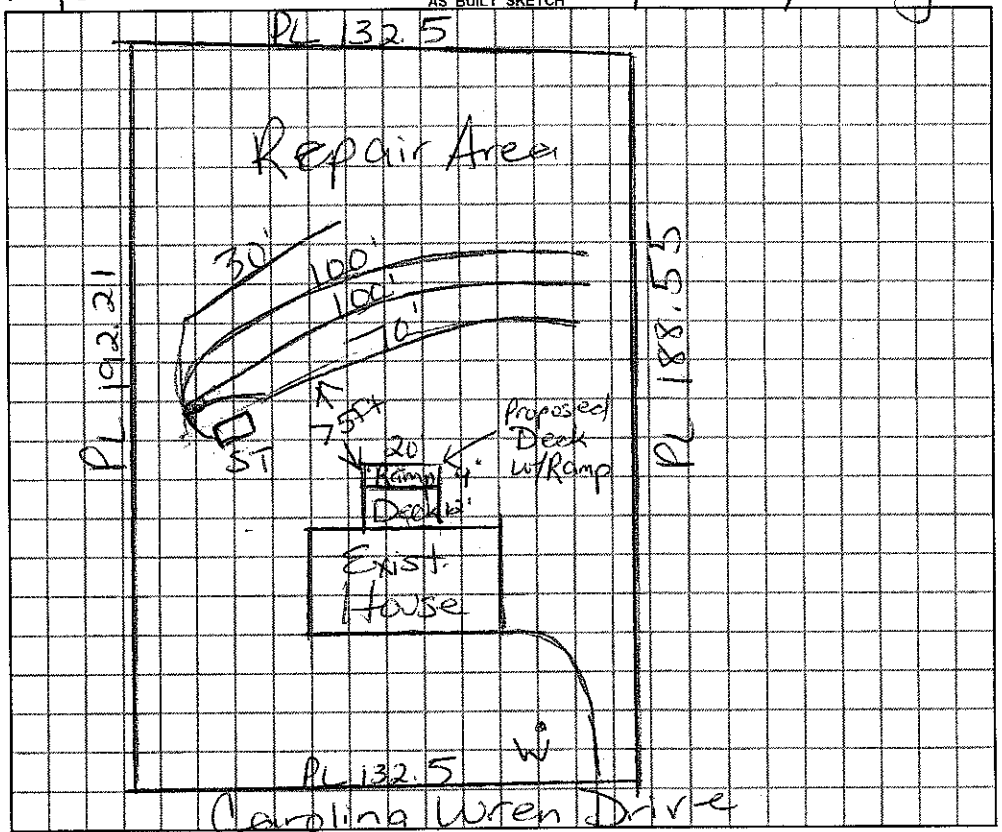
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions Note: Keep Structures 5Ft from Septic

Existing Septic System "appears" to be Functioning ok at time of inspection. Ground was very dry & hard. Proposed Deck should not impact Septic System.

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: _____ 8-15-11 Date _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ ***REHS*** Date _____ OPERATION PERMIT by: _____ ***REHS*** Date _____

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date _____ Existing System Inspected by: _____ ***REHS*** Date 8/11/2011

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy -- Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant