IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 DSL PERMIT # 207243

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

PIN # 4659-57-7178 v

APPLICANT: THOMAS ROGERS APPLICANT ADDRESS: 228 NORMANDY RD.

SITE ADDRESS: 240 SHEPHARDS BLUFF DR; Mrsvl. PHONE: 704-497-9056 ALT. PHONE:

SITE DIRECTIONS: 21N, TR SHEPHARDS, TL SHEPHARDS BLUFF, ON R

SUBDIVISION: SHEPHARDS BLUFF SECTION: 4 LOT # 23 LOT AREA: .46 AC DESIGN FLOW: 360 L.T.A.R.: .35 (.25R)

Septic Tank 1000 (gal) STB 794 Date 3-1-16

Pump Tank 1000 (gal) PT 27 Date 3-1-16

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 4@65' Linear Ft: 260'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ____

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

System Description: PM-25%

Repair System Description: LP-PANEL BLOCK

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

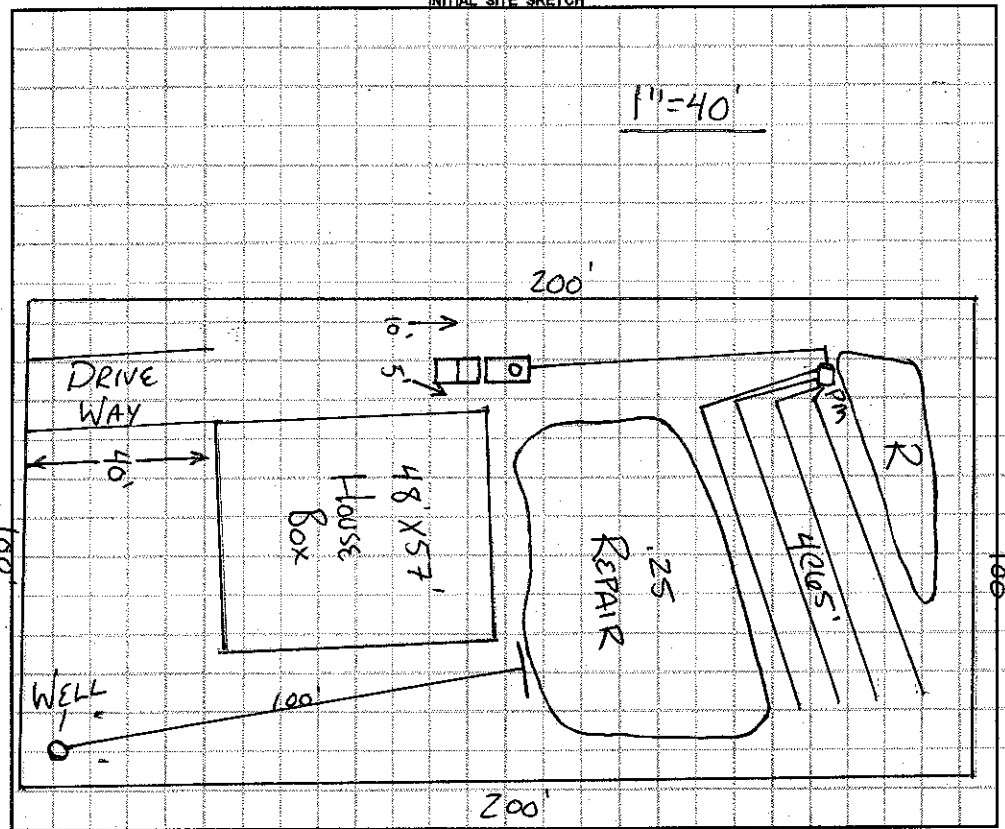
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: SAP Soils

1/2" BS TAPS

CHECKED TANKS, LINES, PM 7-6-16

INITIAL SITE SKETCH



AS BUILT SKETCH

7-26-16 Floats ok. On/off float 4" of Tether. Alarm float ok (14" above on/off float). Electrical box ok

2' Pressure head set "ok". w/ Manifold.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Thomas O'Kay Date: 11/26/15 Installed by: R&H

IMPROVEMENT PERMIT by: APPROVED Date: DEC 23 2014 OPERATION PERMIT by: Tom Church Date: 7-26-16

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: DEC 23 2014 Existing System Inspected by: ____ Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Surface Water