IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 172687 PIN # 4659829525 DATE 6/28/12

OWNER or APPLICANT SHAWN & HILARY WHEELER PHONE: Business Home: 704-660-9572

OWNER or APPLICANT ADDRESS 305 BROOKGLEN DR. MOORESVILLE NC 28117

LOCATION / DIRECTIONS 21/115 N - TR SHINNVILLE - TL BROOKGLEN DRIVE - ON LT # 305

SUBDIVISION BROOK GLEN BLOCK / SECTION 2 LOT # 75 LOT AREA 1.21AC DESIGN FLOW 360 EXISTING T.A.R. EXISTING

Septic Tank 1000 EXISTING Gallons: STB ____ Date ____

Pump Tank 1000 EXISTING Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 450 EXISTING

Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth —

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

System Description: EXISTING 25% REDUCTION

Repair System Description: LPP

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 4

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

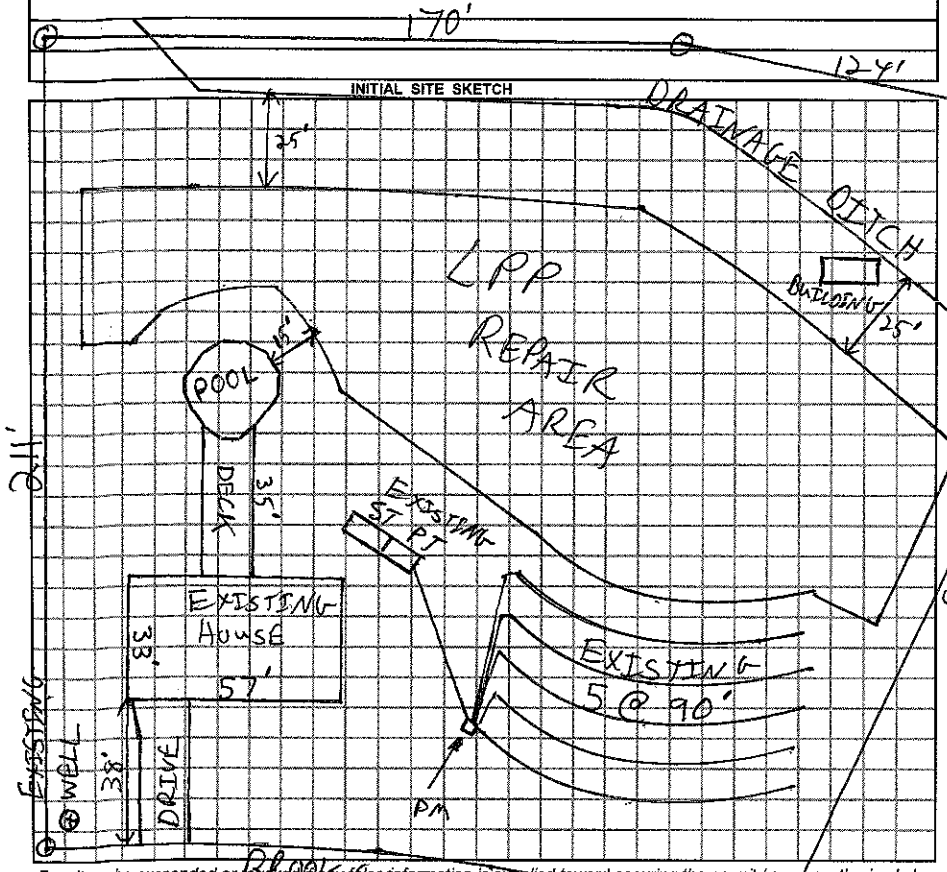
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

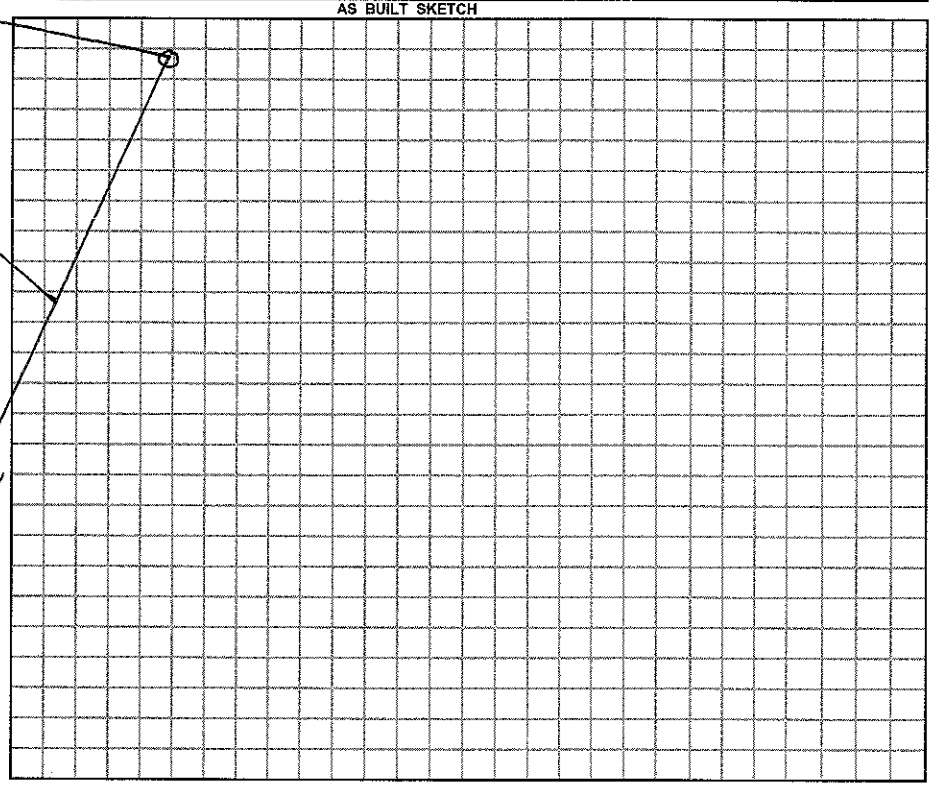
Comments / Conditions 1"=50'

Comments / Conditions POOL WAS ADDED BEFORE INSPECTION.

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: [signature] Date 6-29-12

Improvement Permit by: ____ Date ____

Authorzation to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: C. Brady Freeman Date: 6/28/12

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant