IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # _____ PIN # 4664-57-3402 DATE 2-18-10

OWNER or APPLICANT DAVE ROGERS (BOB PIPPIN) PHONE: Business 704-746-4393 Home: _____

OWNER or APPLICANT ADDRESS 104 ELIZABETH BROWN DR DAVIDSON

LOCATION / DIRECTIONS SHEARERS, TL ANNISTON WAY, TR LOGAN CROSSING, TR ELIZABETH BROOK, 104

SUBDIVISION ANNISTON BLOCK / SECTION _____ LOT # 46 LOT AREA 38,839SQ DESIGN FLOW 480GPD L.T.A.R. .25

Septic Tank EX 1000 Gallons: STB _____ Date _____

Pump Tank EX 1000 Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields ___ No Lines ___ Linear Feet _____

Trench Width _____ Max. Trench Bottom Depth EXIST TNG Gravel Depth _____

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

System Description: LP - PANEL BLOCK

Repair System Description: SAME

Maintenance Agreement Required ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons _____

☒ Other No. Employees _____

☐ Slab ☐ Crawl Space

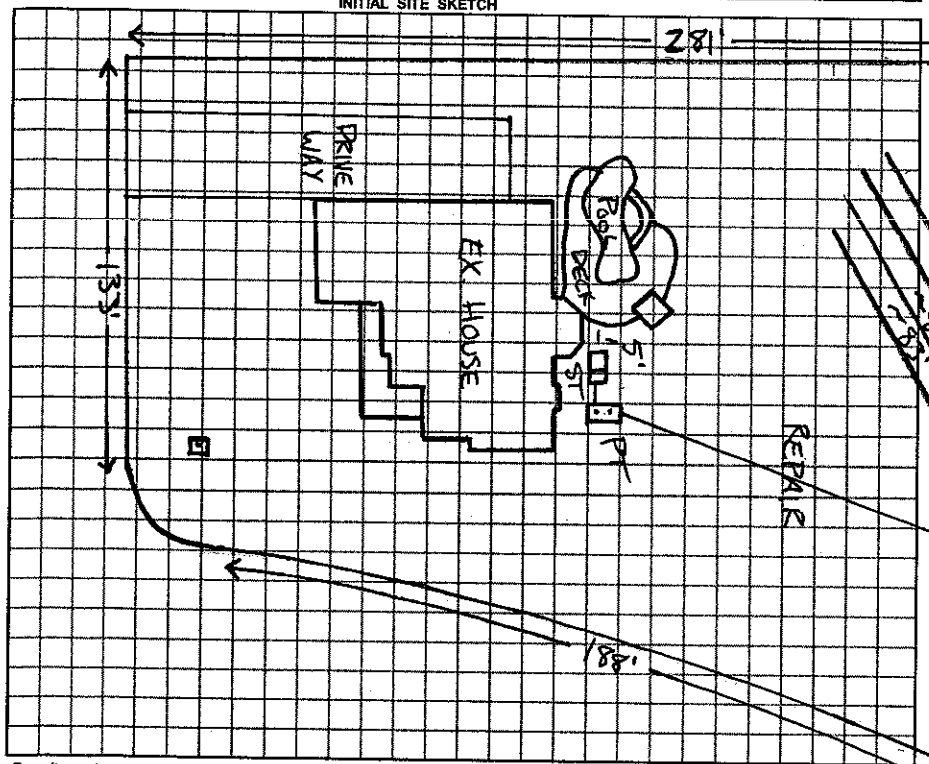
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

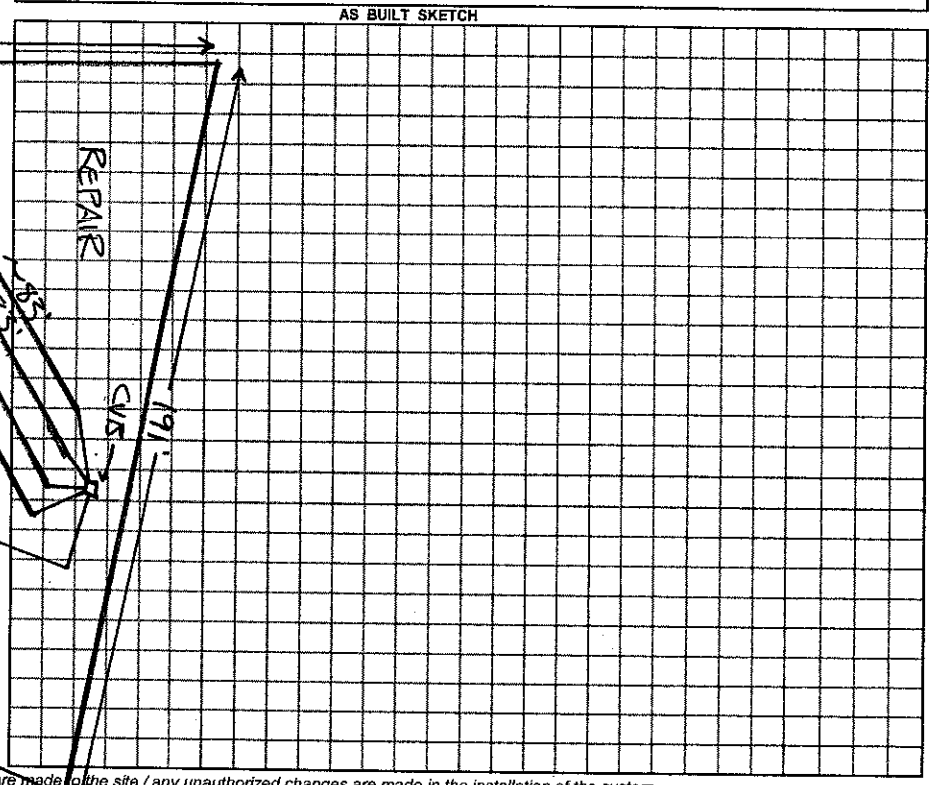
Comments / Conditions A WATER EDGE OF POOL MIN 15' + DECKING MIN 5' FROM SEPTIC TANK

Comments / Conditions POOL

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: _____ Date _____

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: _____ Date: 2-18-10

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