IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138103 PIN# ~~4676-27-1656~~ 4676176560 DATE 10/9/06

OWNER OR APPLICANT DAVID DAVIS PHONE: Business 704-489-0029 Home

ADDRESS DENVER, NC.

LOCATION 152 E TR BRUMLEY TR LINWOOD, ON (R)

SUBDIVISION N/A BLOCK / SECTION LOT 1 LOT AREA 1.01 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6/18/06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4@100' Trench Width 3' Max Trench Bottom Depth 32" Gravel Depth NO

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: GRAV → 25% REDUCED
Repair System Description: PRESSURE – 25% RED.
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

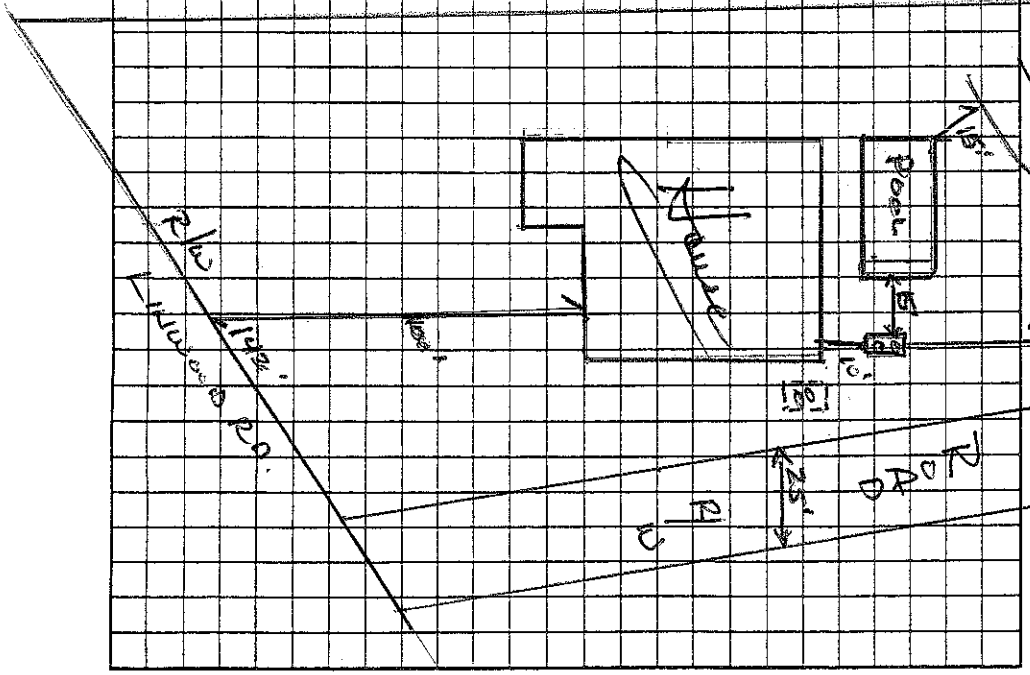
☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: GRAVITY SHOULD WORK BUT IT'S CLOSE – PLUMBING MUST ENT ON TOP OF FOOTING (SHALLOW) IF NOT PUMP MAY BE REQUIRED.

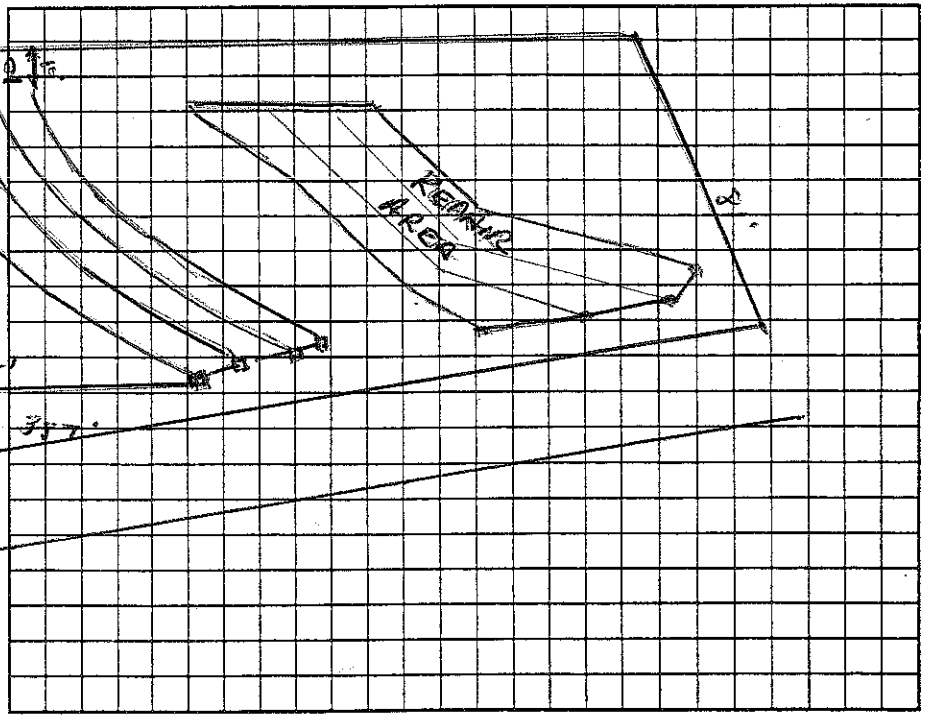
Comments/Conditions:

1" = 50'

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: [signature] date 10-9-06

Improvement Permit by: Wesley Sparks RS. date 10/9/06

Authorization to Construct by: Wesley Sparks RS date 10/9/06

Installed by: Joe Perkins

Operation Permit by: Wesley Sparks RS date 11/17/06

Existing System Inspection by: date

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