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 # 4676-53-7462 DATE 9-7-12

OWNER JON SANDS APPLICANT: SAME PHONE: Home/Cell # 704-907-2541 Business # _____

SITE ADDRESS 112 WALDEN DR. OWNER / APPLICANT ADDRESS SAME

SITE DIRECTIONS 152E, TEETER, WALDEN, ON R

SUBDIVISION WALDEN RIDGE BLOCK / SECTION _____ LOT # 2 LOT AREA 1 AC DESIGN FLOW 600 L.T.A.R. .3

Septic Tank ★1000 Gallons: STB 317 Date 8-17-12
Pump Tank _____ Gallons: P T _____ Date _____
Pump Make _____ Model _____ Serial # _____
No. Nitrification Fields: 1 No. Lines 1 Linear Feet 100'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☐ New System ☐ Repair ☒ Expansion System Type I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: LP-PANEL
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5
☐ Business No. Persons _____
☐ Other No. Employees _____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions ★ ADDING ANOTHER 1000 GAL TANK TO REACH 1500 GAL MIN STORAGE

ENTERED

INITIAL SITE SKETCH

SEE APPROVED PLAN BY ROLLANS SOIL & ENV. SERVICES RA

AS BUILT SKETCH

INSTALLED AS SHOWN ON SITE PLAN RA

The proposed / existing SHED addition does not appear to impact the existing septic system.
**NOTE: REPAIR LINE MOVED RA

R.S.

Date: APPROVED APR 3 0 2014
ICHD-Environmental Health Division

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 for ____ mo. ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.

Owner / Applicant Signature: _____ Date 9-17-12 Installed by: ROLLANS RA

IMPROVEMENT PERMIT by: RA REHS ***REHS*** Date 9-7-12 OPERATION PERMIT by: _____ ***REHS*** Date 9-21-12

AUTHORIZATION TO CONSTRUCT by: _____ ***REHS*** Date 9-17-12 Existing System Inspected by: _____ ***REHS*** Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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