IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 137230 PIN# 4677395029 DATE 9-28-06

OWNER OR APPLICANT ~~Lloyd Carpenter~~ Doug Carrigan PHONE: Business 663-3525 Home 892-5278

ADDRESS 2524 Laurel Ln Plano TX 75074

LOCATION Hwy 150 East TL Wiggins Rd TR Forest Edge 2nd lot on right

SUBDIVISION Woodland BLOCK / SECTION ____ LOT 20 LOT AREA .514 Acre SITE CLASS. PS DESIGN FLOW 240gpd L.T.A.R. .25 to .3

Septic Tank: 1000 Gallons; STB 312 Date 1-15-08
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet ____ Linear Feet 320'
No Lines 4@80' Trench Width 36" Max Trench Bottom Depth 3

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - Conventional
Repair System Description Gravity - 25% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

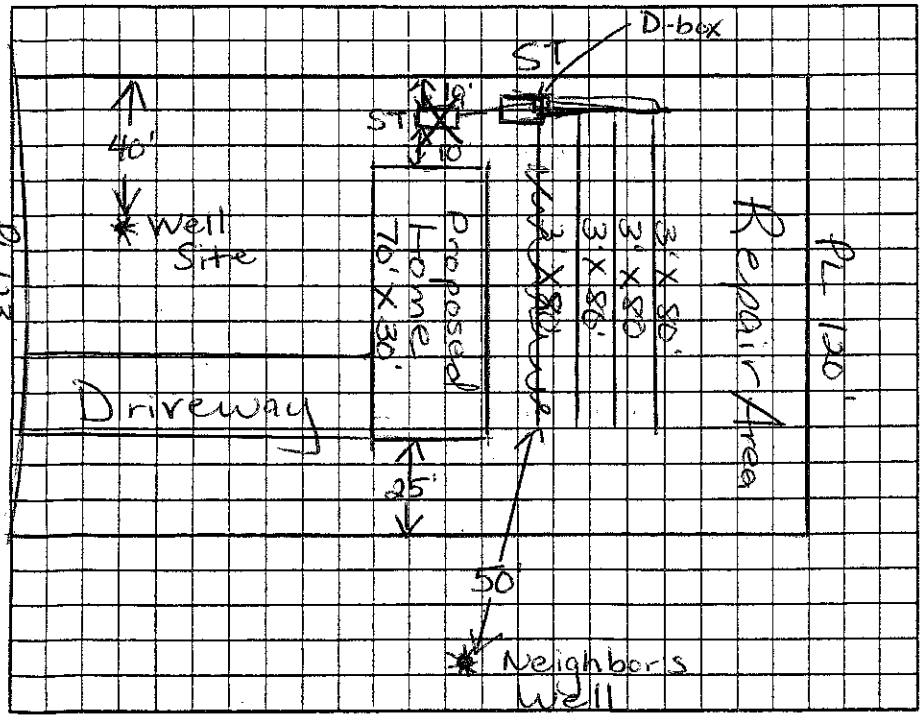
3@80'

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

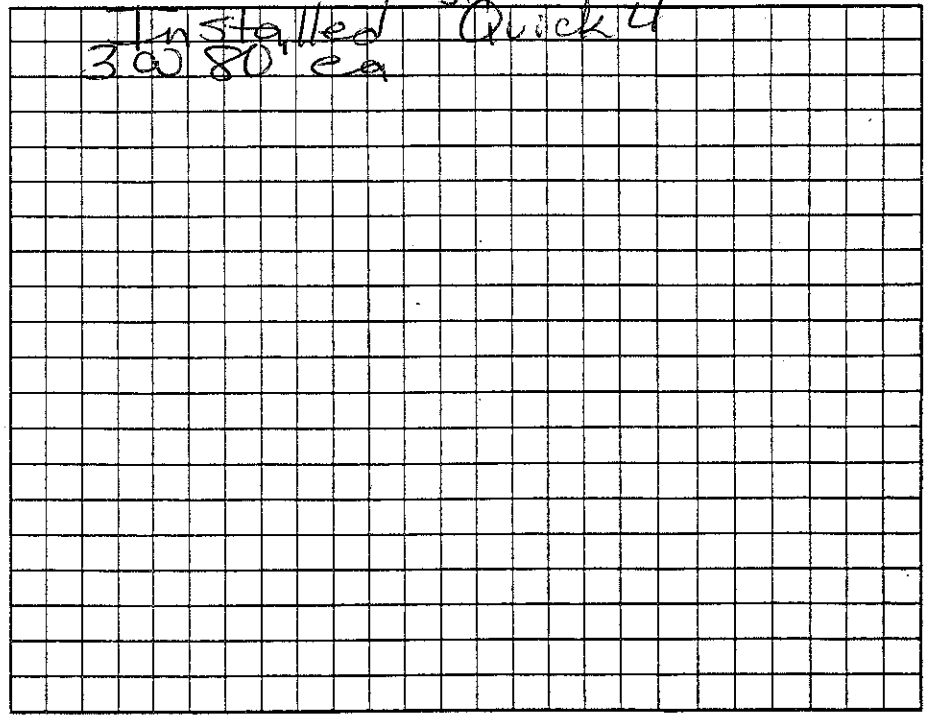
Comments/Conditions: Must Keep Septic System at least 50ft to any well.

Comments/Conditions: Okay to Use 25% Reduction = 240ft Drainfield (80ft - 3 lines) Keep house at least 25ft to sideline 9/22/08 Installing 25% Reduction

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: ~~Lloyd Carpenter~~ Doug Carrigan

Improvement Permit by: Maria H. Dotson RS date 9/28/06

Authorization to Construct by: Maria H. Dotson RS date 9/28/06

Installed by: C. Wayne Gibson RS

Operation Permit by: Maria H. Dotson RS date 9/23/08

Existing System Inspection by: ____ date ____

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