IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 163874 PIN # 4677-60-0341 DATE 11-15-10

OWNER or APPLICANT LARRY & DONNA McDANIELS PHONE: Business 704-363-7302 Home: CHAD GOODIN

OWNER or APPLICANT ADDRESS 364 BRUMLEY RD

LOCATION / DIRECTIONS 152, TR BRUMLEY 364 ON R

SUBDIVISION _____ BLOCK / SECTION _____ LOT # _____ LOT AREA 2AC DESIGN FLOW 360GPD L.T.A.R. _____

Septic Tank EXISTING Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields ____ No Lines ____ Linear Feet EXISTING

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

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

System Description: EX GRAVEL BED

Repair System Description: MAX F. 1945.

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

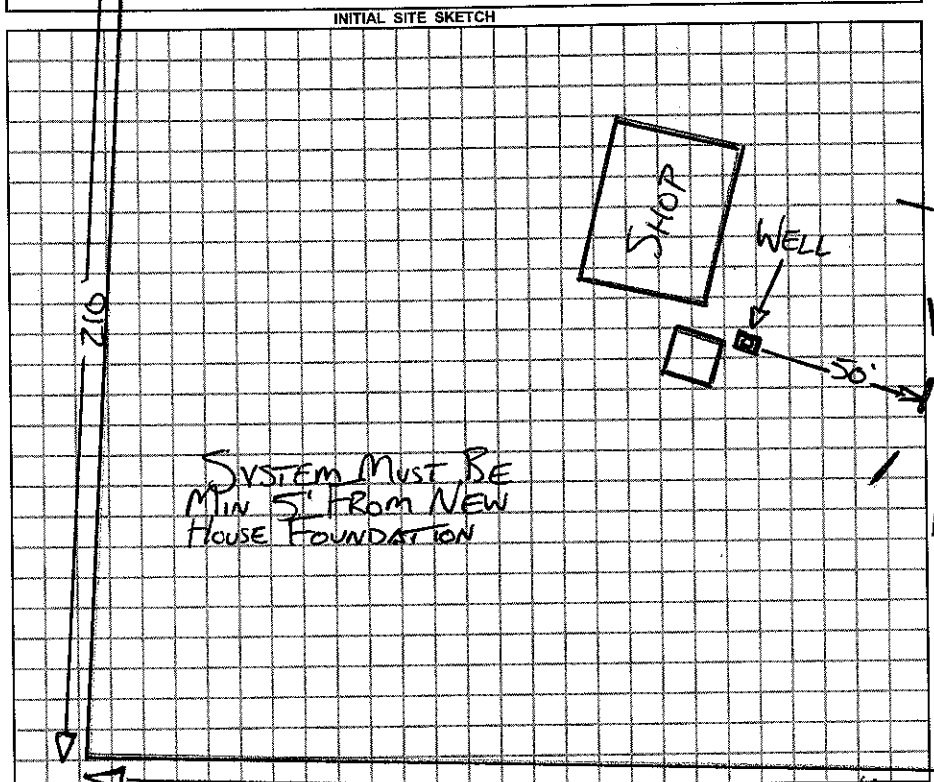
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

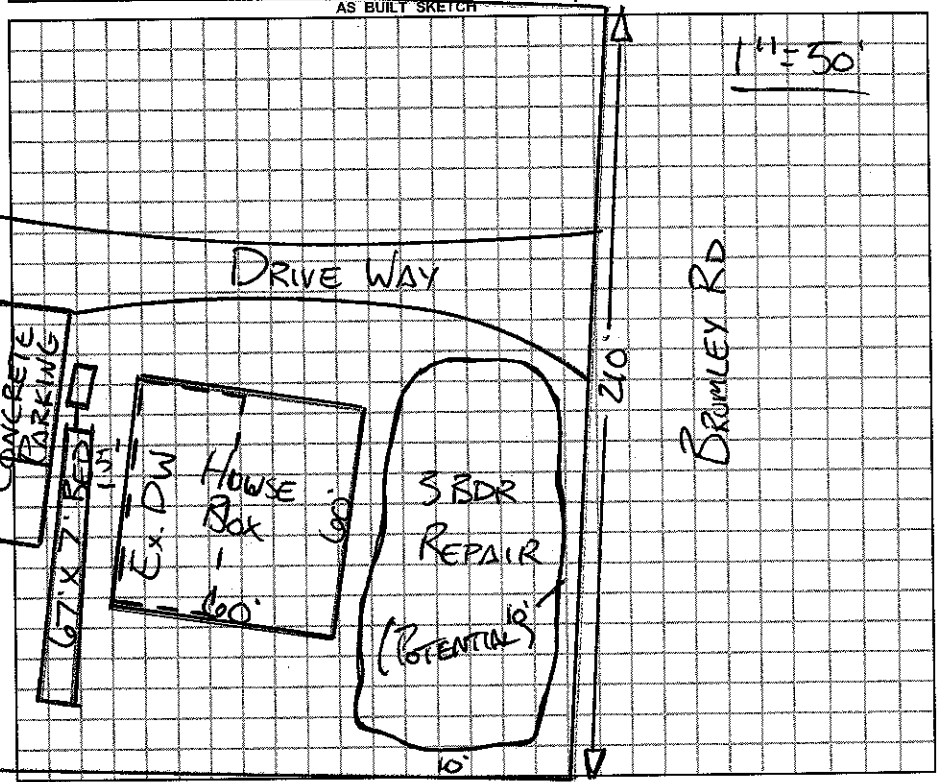
Comments / Conditions SYSTEM LOOKS GOOD @ TIME OF INS.

Comments / Conditions ① HOUSE CAN NOT GO BACK FURTHER THAN EXISTING DOUBLE WIDE BECAUSE OF SEPTIC LOCATION

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 11/30/2010

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: _____ REHS Date: 11-18-10

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