IREDELL COUNTY HEALTH DEPARTMENT

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

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

Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 200
No Lines 3@67' Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☒ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: 25% reduction gravity
Repair System Description: ____
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth N/A ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Persons 4
☐ Business No. Employees ____
☐ Other ____

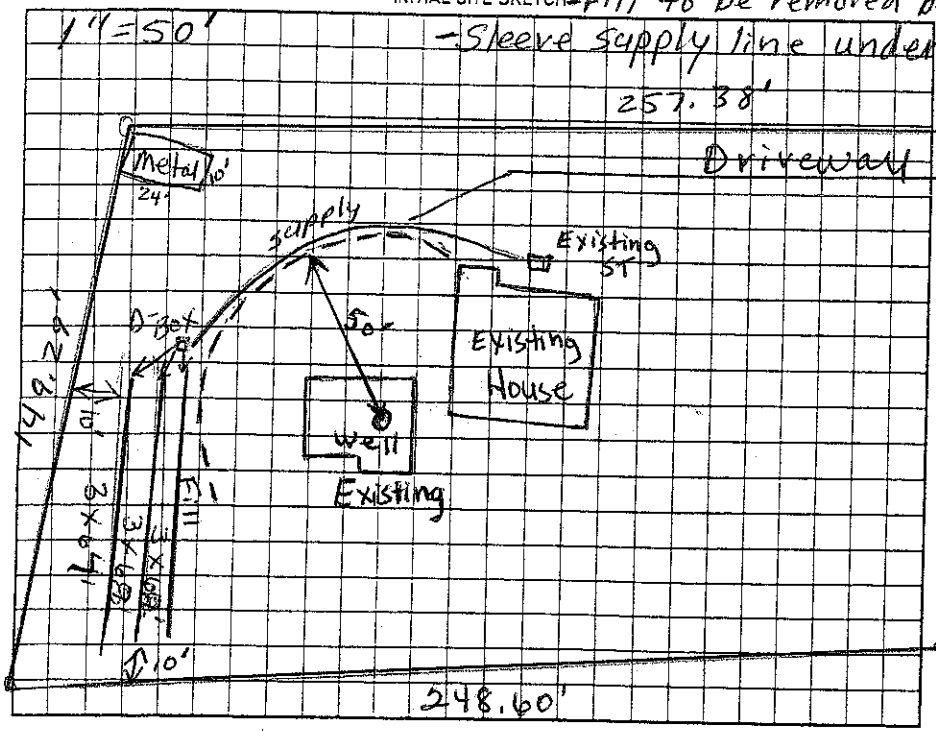
Water Supply: ☒ Individual ☐ Public ☐ Community

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

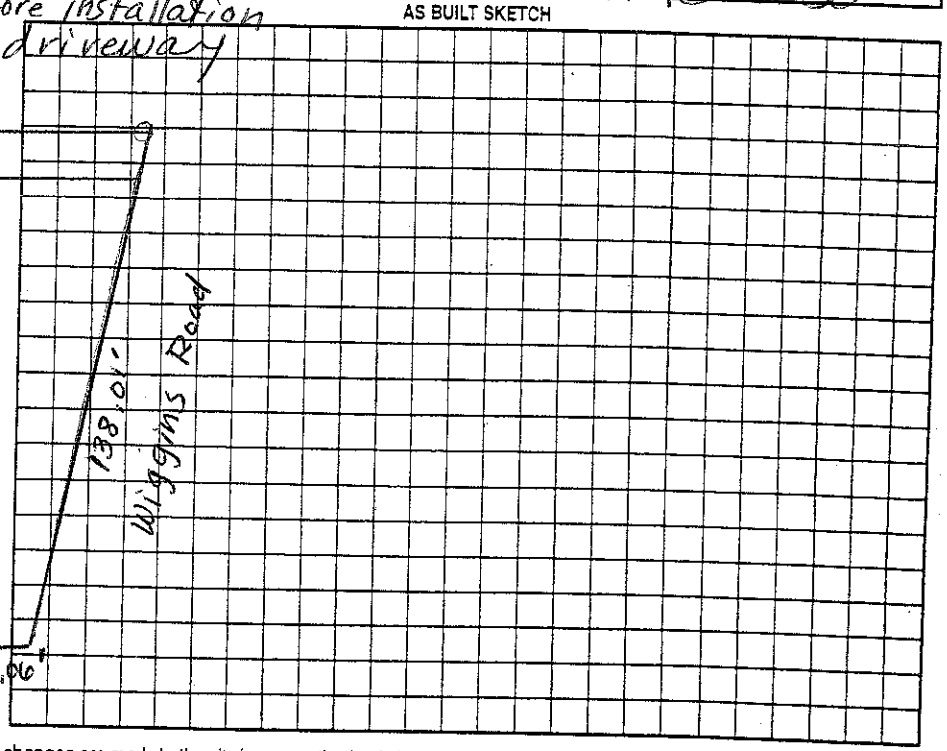
Comments/Conditions:
- D-Box w/ speed levelers or endcaps distribution
- Keep supply line 50' from well & trenches 50' from well

Comments/Conditions: 4/25/07 Checked lines (Quick4)
4/26/07 Checked Supply line used 1" Ductile Iron under drive where it is < 30"

INITIAL SITE SKETCH - Fill to be removed before installation



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: David C. Lyn date 12-22-06 Installed by: Larry Freeman RS

Improvement Permit by: Judy Melville date 12-22-06 Operation Permit by: Marie Watson date 4/26/07

Authorization to Construct by: Judy Melville date 12-22-06 Existing System Inspection by: ____ date ____

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