# IRED[illegible]OUNTY HEALTH DEPARTMENT

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

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

1430

Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 3@100' 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: 25% reduction pump
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth NA ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

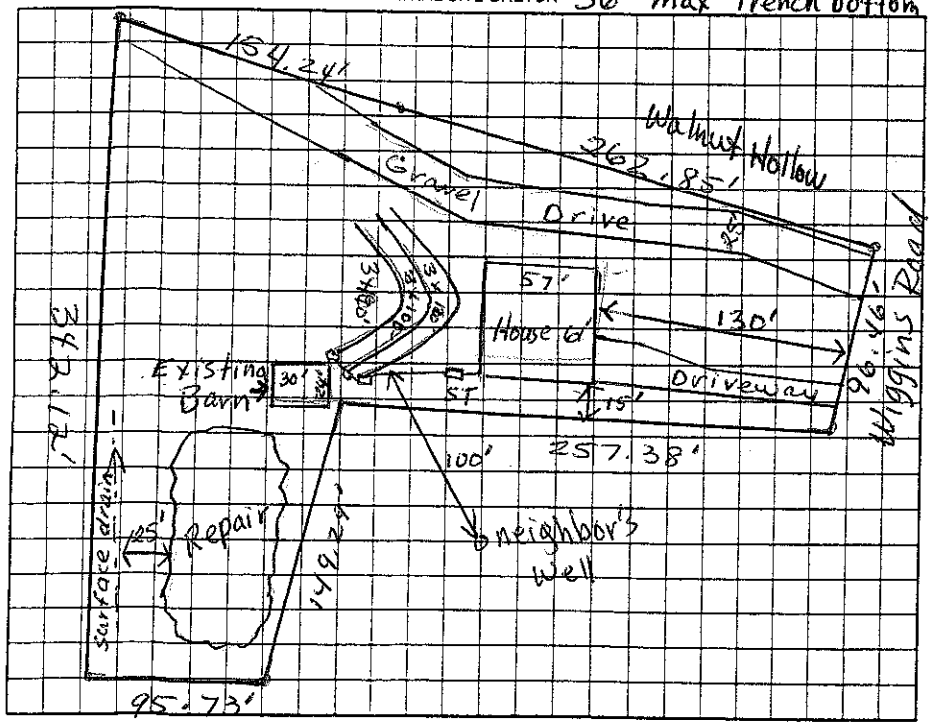
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:
- Drop boxes or end caps for distribution
- Keep trenches as high up on slope while maintaining 100' well setback
- Keep trenches 5'± from buildings

1" = 100'

INITIAL SITE SKETCH -36" max trench bottom




Comments/Conditions:
12/07 Checked tanks & lines (Quick 4)
* Well not installed at time of inspection

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. Ray date 12-22-06
Improvement Permit by: Judy Melville date 12-22-06
Authorization to Construct by: Judy Melville date 12-22-06

Installed by: Larry Deaton
Operation Permit by: Maria [illegible] date 4/25/07
Existing System Inspection by: _____ date _____

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