IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 75136 PIN# ~~4679485307~~ 4679485585 DATE 9/28/00

OWNER OR CONTRACTOR DAVID LOURY PHONE: Business _____ Home 663 0706

ADDRESS 6107 CENTER ST - SPRING, TX 77379

LOCATION 301 - TL TRIPLETT - TR CONFEDERATE RD - TR WILLOW ~~ROAD~~ STONE - AT END

SUBDIVISION TWIN BROOKS BLOCK / SECTION _____ LOT 12 LOT AREA 5.47AC + 10AC SITE CLASS. PS DESIGN FLOW 360GPD L.T.A.R. .36GPD/FT

Septic Tank: (1000) 1000 Gallons; STB 8/26/00 Date 794

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 300 + 900 Linear Feet 100 + 300

No Lines 1 + 3 Trench Width 36" Max Trench Bottom Depth 29" Gravel Depth 12"

☑ New System ☐ Repair System Type: I (II) III, IV, V, VI

System Description: GRAVITY CONVENTIONAL X 2

Repair System Description: PUMP SAME X 2

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

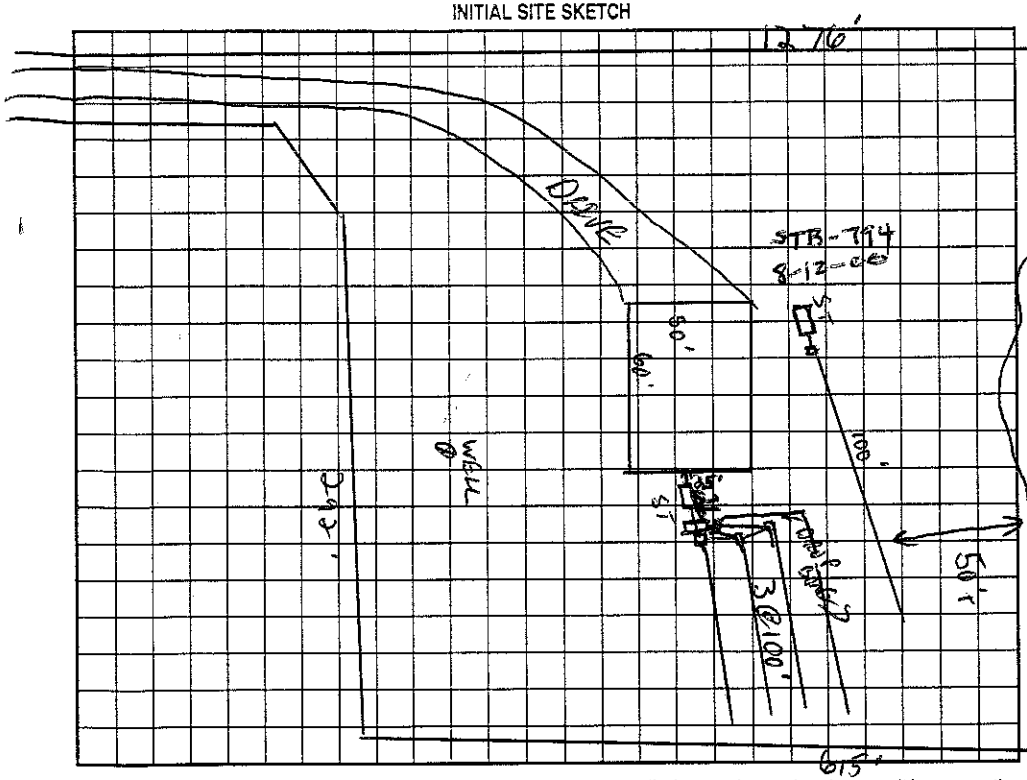
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

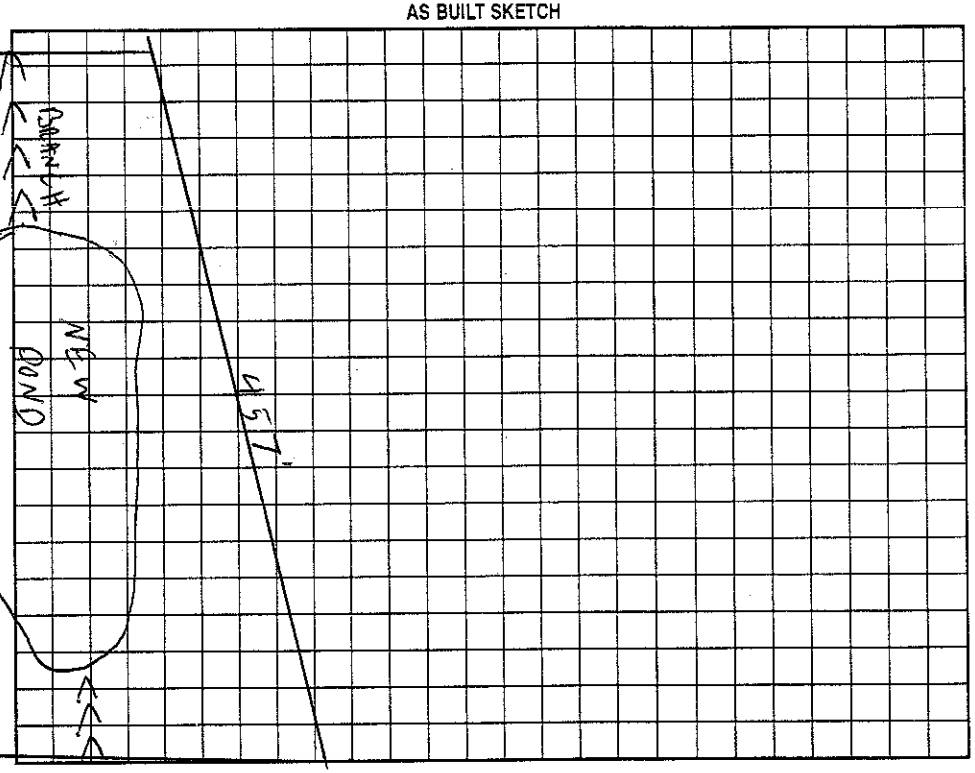
Comments:/Conditions:

Comments:/Conditions:

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: David W. Loury date _____

Improvement Permit by: C. [illegible] RS date 9/28/00

Authorization to Construct by: C. [illegible] RS date 9/28/00

Installed by: Larry Brown

Operation Permit by: Wesley Sparks R.S. date 10/2/00

Existing System Inspection by: _____ date _____

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