IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 120500 PIN# 4705 37 8946 DATE 9/26/05

OWNER OR CONTRACTOR DELBERT & LINDA SECHRIST PHONE: Business 570 623 4226 Home 607 760 3336

ADDRESS RR 2 BOX 1086 LITTLE MEADOWS, PA 18830

LOCATION 40W 64W (L) LIPPARD FARM RD (R) HAPPY ACRES (L) TRAILWAY (R) LOT 206 TRAILWAY DR

SUBDIVISION CASA GRANDA BLOCK / SECTION II LOT 14 LOT AREA 1.61 ACRES SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 10-1-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet Eq 1200 Linear Feet 300
No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA

☒ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: GRAVITY 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

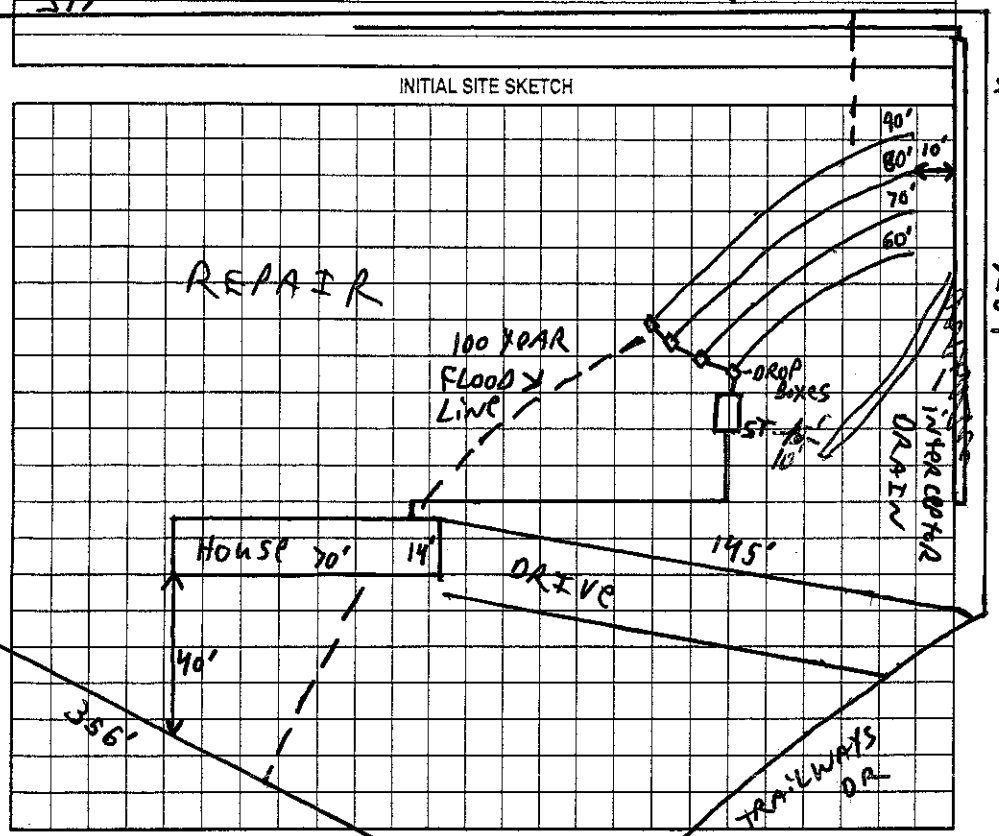
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

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

Water Supply: ☐ Individual ☒ Public ☐ Community

Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS. INSTALL SUB-SURFACE INTERCEPTOR DRAIN AS SHOWN.

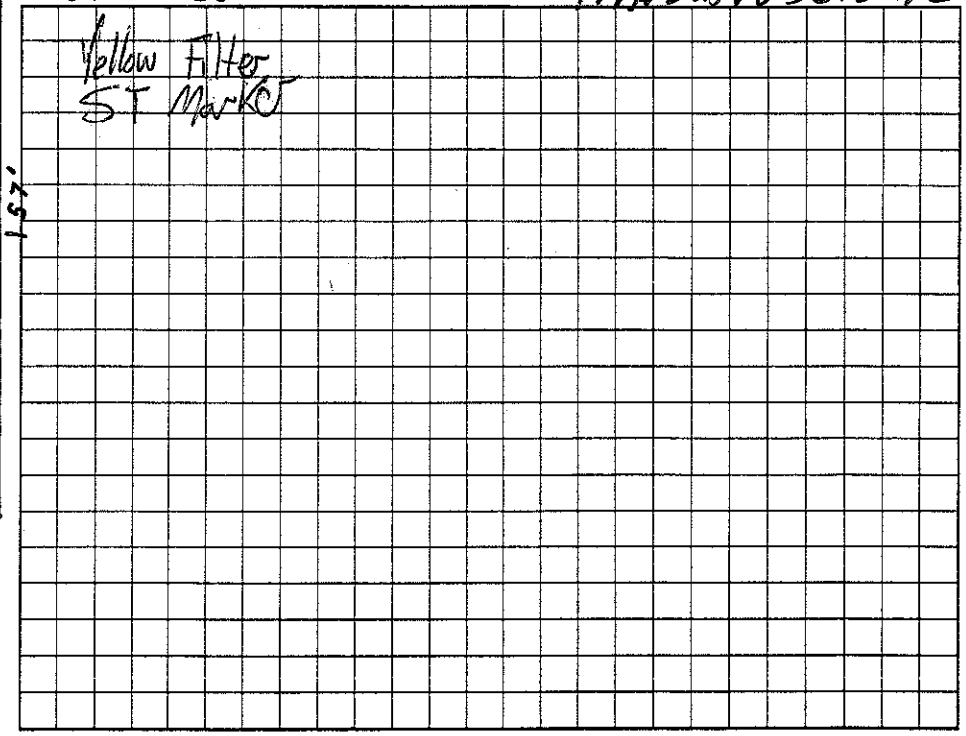
INITIAL SITE SKETCH



Comments:/Conditions: (1) APPROVED 3 BEDROOM 16 x 76' HOUSE PLANS. SLIDE HOUSE UP TO 38' OFF P/L SO BACK OF HOME IS IN SAME LOCATION. EXTRA 6' OF LENGTH WILL NOT AFFECT SYSTEM!

Scale: 1" = 50'

AS BUILT SKETCH MAINTAIN SETBACKS



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: ____ date 1-23-06 Installed by: A-1 Backhoe

Improvement Permit by: ____ date 9/26/05 Operation Permit by: ____ date 5-16-06

Authorization to Construct by: ____ date 5-1-06 Existing System Inspection by: ____ date ____

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