# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# _____ PIN# _____ DATE March 23, 00

OWNER OR CONTRACTOR Johnny Fox PHONE: Business 878-9446 EXT 220 Home _____

ADDRESS 144 Robertson Rd

LOCATION 64/90 West Bear RT on 90 W 4.5 miles TL Robertson Rd. 2nd on Right - Gray - Cape Cod house

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA acreage SITE CLASS PS DESIGN FLOW 240gpd L.T.A.R. .03

Septic Tank: Existing Gallons: STB 1512 Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1* Square Feet 750 Linear Feet 250

No Lines 3 Trench Width 36" Trench Bottom Depth 36" Gravel Depth 12"

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

System Description* BR valve-maybe conventional Lines

Repair System Description _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other _____

No. Bedrooms 2 No. Bathrooms 2 No. Employees _____

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

Water Supply: ☑ Individual ☐ Public ☐ Community

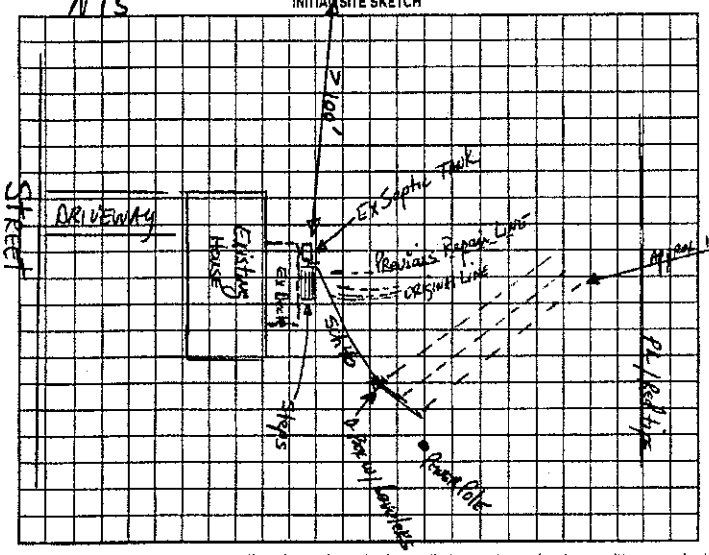
Comments/Conditions: *OWNER has option to remove steps & concrete Landing in order to set Bull Run Valve to allow switching between old & NEW drainfields & otherwise elbow around steps & Abandon old Lines

Comments/Conditions: Check tank for condition, Pump as needed

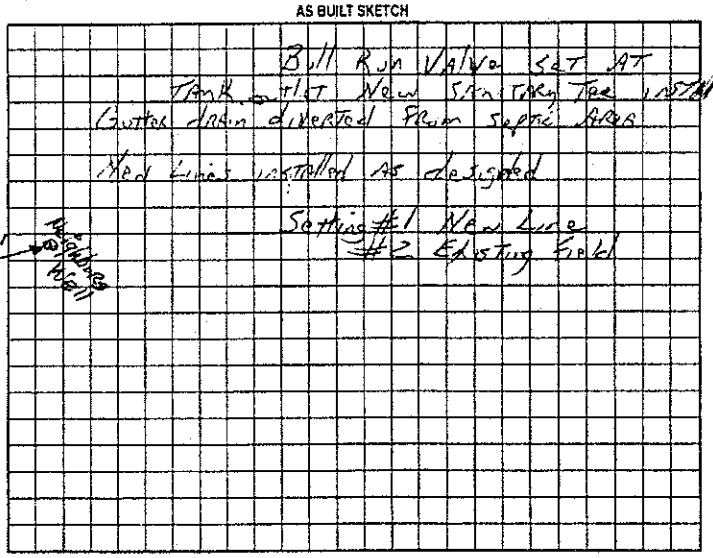
INSTALLER NOTE ! INSTALL NEW CATCHPANS at 36" FROM bottom

INITIAL SITE SKETCH

NTS




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 w/out 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 3-24-00 Installed by: Wes Lytton

Improvement Permit by: _____ date 3-23-00 Operation Permit by: _____ date May 31 2000

Authorization to Construct by: _____ date 3-23-00 Existing System Inspection by: _____ date _____

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

Location of the proposed Storage building addition does not appear to impact the existing on-site septic system.**NOTE: _____

_____ REHS

Date: 10-20-11

ICHD-Environmental Health Division