IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4713369388 9453 DATE 8-16-10

OWNER OR APPLICANT Cynthia Henderson PHONE: Business 7048710244 Home 7048731662

ADDRESS 1528 Old Mountain Rd

LOCATION 40W to Old Mtn. Rd., exit turn left, (L) on Belinda Loop, 1st drive on (L)

SUBDIVISION Bethlehem Groves BLOCK / SECTION ____ LOT 5 LOT AREA 1.0 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB ____ Date ____

Pump Tank: 1000 Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth n/a ☐ Gravity ☒ Pressure

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

System Description: 25% Reduction Pump

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

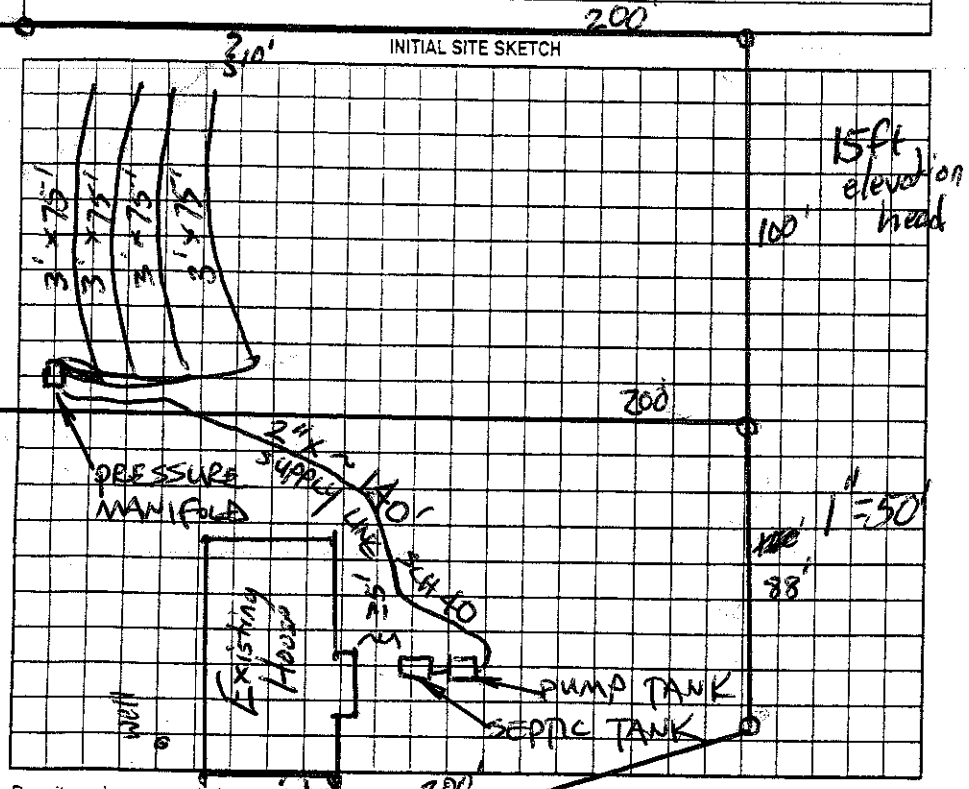
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments/Conditions: An easement shall be recorded for crossing property lines

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 and Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒

Signed: Cindy Henderson date 8/20/10

Improvement Permit by: [signature] date 8-17-10

Authorization to Construct by: [signature] date 8-17-10

Installed by: Huddle

Operation Permit by: Inspected by James Stewart date 2011

Existing System Inspection by: ____ date ____

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