IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # Repair PIN # 4724451065 DATE 8-3-12

OWNER Sue Campbell APPLICANT: N/A PHONE: Home/Cell # 704-880-5498 Business # N/A

SITE ADDRESS 739 Westminster Dr. OWNER / APPLICANT ADDRESS 719 Maplewood Ln.

SITE DIRECTIONS Hwy 70W TR on Westminster Dr. 2nd House on right

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA .79 acres DESIGN FLOW 360 gpd L.T.A.R. 0.3

Septic Tank Existing Gallons: STB 760 Date 4-9-12
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines 6 Linear Feet 280'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: ____
Repair System Description: 25% Reduction
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

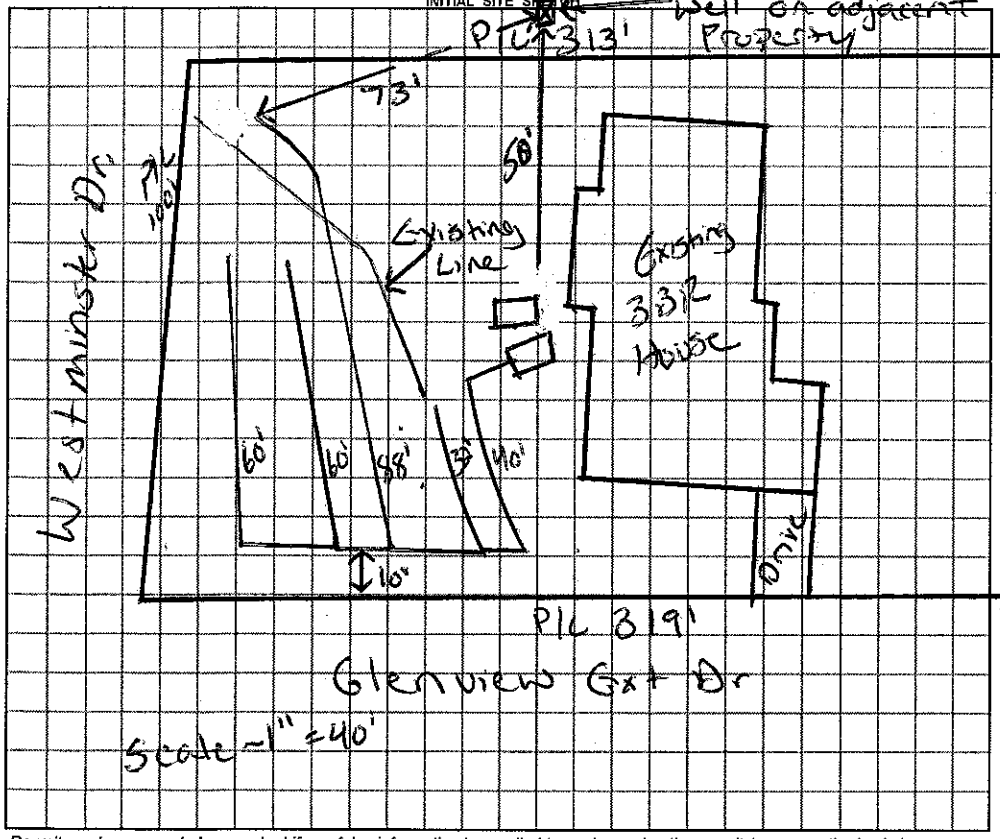
☑ Residence No. Bedrooms 3 3/2
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

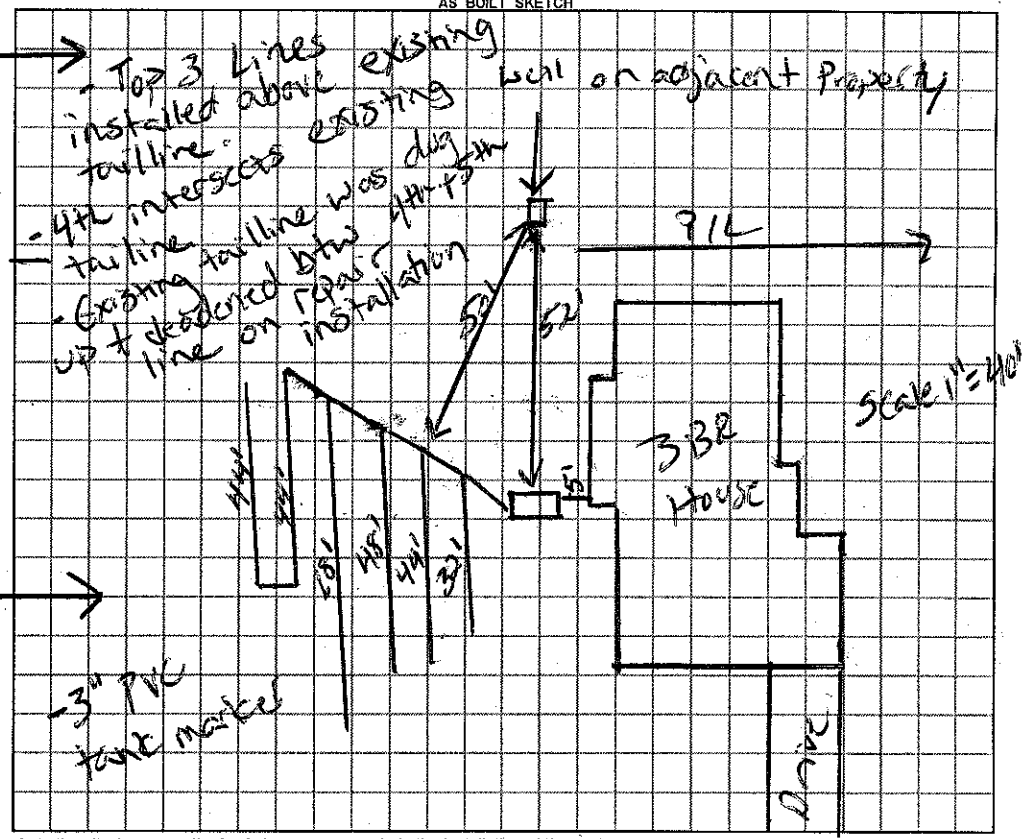
Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Replace septic tank if needed.

New Tank Installed w/ Red Polylock Filter
Infiltrator Quick 4 installed.

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 plat valid without expiration. site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 8-7-12 Installed by: A1 Backhoe

IMPROVEMENT PERMIT by: [signature] ***REHS*** Date 8-3-12 OPERATION PERMIT by: [signature] ***REHS*** Date 8-10-12

AUTHORIZATION TO CONSTRUCT by: [signature] ***REHS*** Date 8-3-12 Existing System Inspected by: ____ ***REHS*** Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant