3:30 ~4:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (of) MOORESVILLE 704-664-5281

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

PERMIT # 15637 PIN # 4726-82-4090 DATE 20 MAY 09

OWNER or APPLICANT David Chris Lazenby PHONE: Business (704) 361-7974 Home: (704) 873-2140

OWNER or APPLICANT ADDRESS 124 Glen Cross Drive Statesville

LOCATION / DIRECTIONS Scotts Creek Rd. Turn onto Miller Farm Rd. TL Glen Cross - At end on Rt.

SUBDIVISION Cross Creek BLOCK / SECTION II LOT # 30 LOT AREA ____ DESIGN FLOW 120 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank Exist. Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 1 Linear Feet 100

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth ____

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

System Description: 25% Reduction

Repair System Description: 50 % Reduction

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions * Adding bedroom to house.

Comments / Conditions

INITIAL SITE SKETCH

Please see Attached 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 w/ plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 5/21/09

Improvement Permit by: [signature] R.S. Date 20 May 09

Authorization to Construct by: [signature] R.S. Date 20 May 09

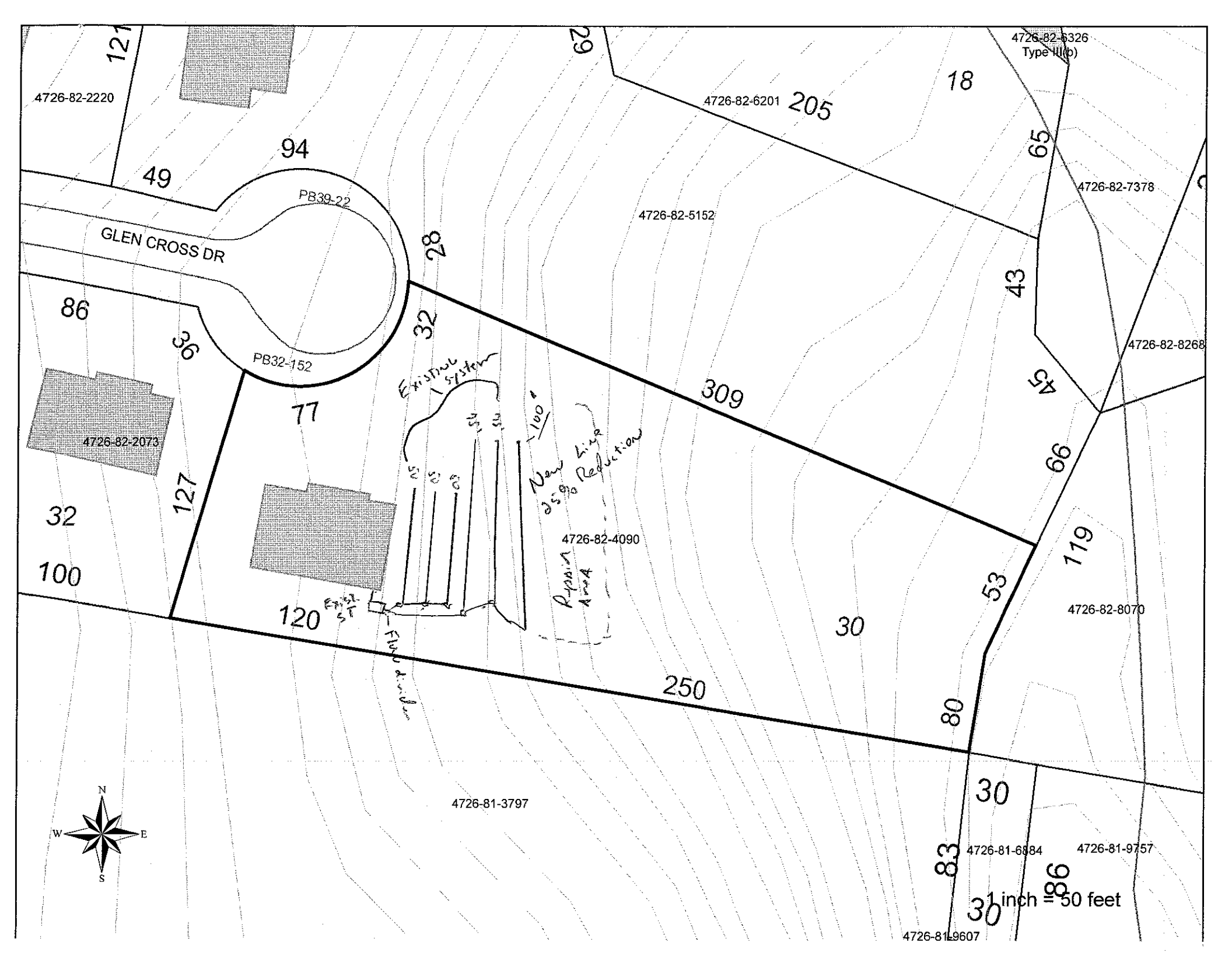
YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Groundbreakers

Operation Permit by: [signature] Date: 6-24-09

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant


4726-82-2220
4726-82-6326
Type III(b)
4726-82-6201
205
18
94
49
PB39-22
GLEN CROSS DR
4726-82-5152
65
4726-82-7378
28
43
86
36
PB32-152
32
4726-82-8268
45
309
77
4726-82-2073
Existing System
100'
New Limit
25% Reduction
66
127
32
4726-82-4090
Repair Area
119
100
53
4726-82-8070
120
Existing ST
Flow direction
30
250
80
30
4726-81-3797
N
W
E
S
83
4726-81-6884
4726-81-9757
86
1 inch = 50 feet
30
4726-81-9607