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 # 175258 PIN # 4728169911 DATE 10-8-12

OWNER David Rapes APPLICANT: Larry Rapes PHONE: Home/Cell # 704-902-5785 Business # N/A

SITE ADDRESS 3505 Wilkesboro Hwy OWNER / APPLICANT ADDRESS 3505 Wilkesboro Hwy

SITE DIRECTIONS Hwy 115 N; sit on left just past Pisgah Church Rd.

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 3.44 acres DESIGN FLOW 240 gpd L.T.A.R. Existing

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 2 Linear Feet Existing

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex.

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

System Description: Conventional

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

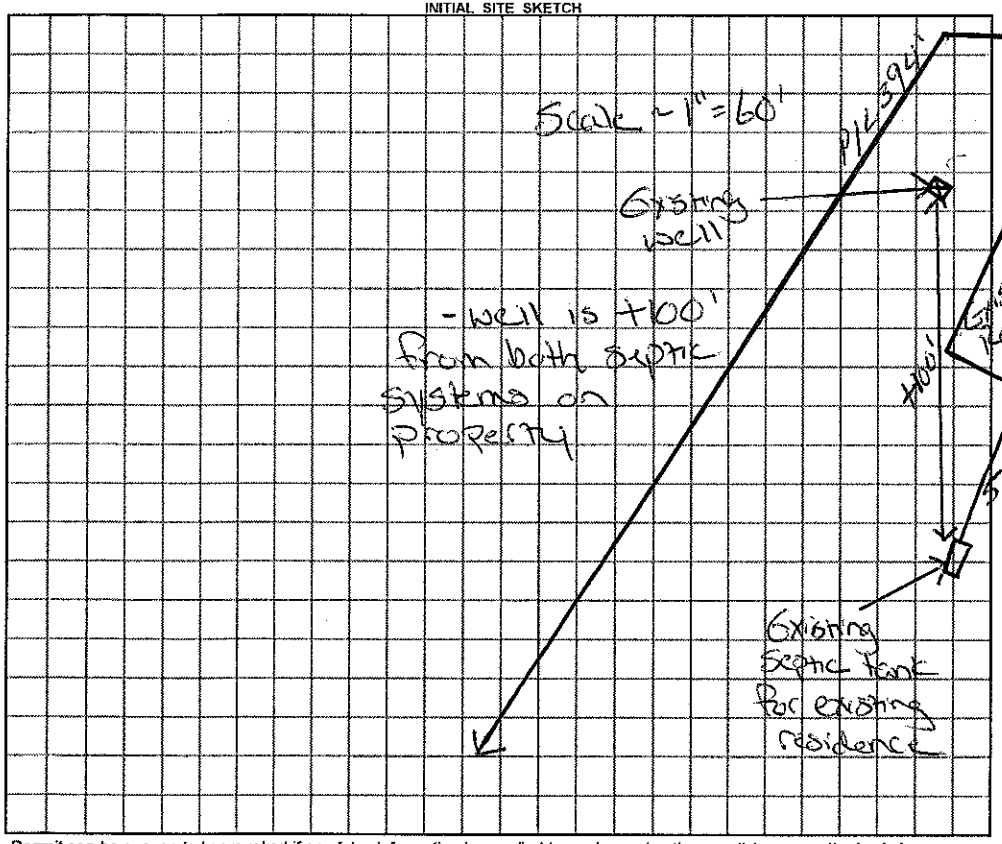
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

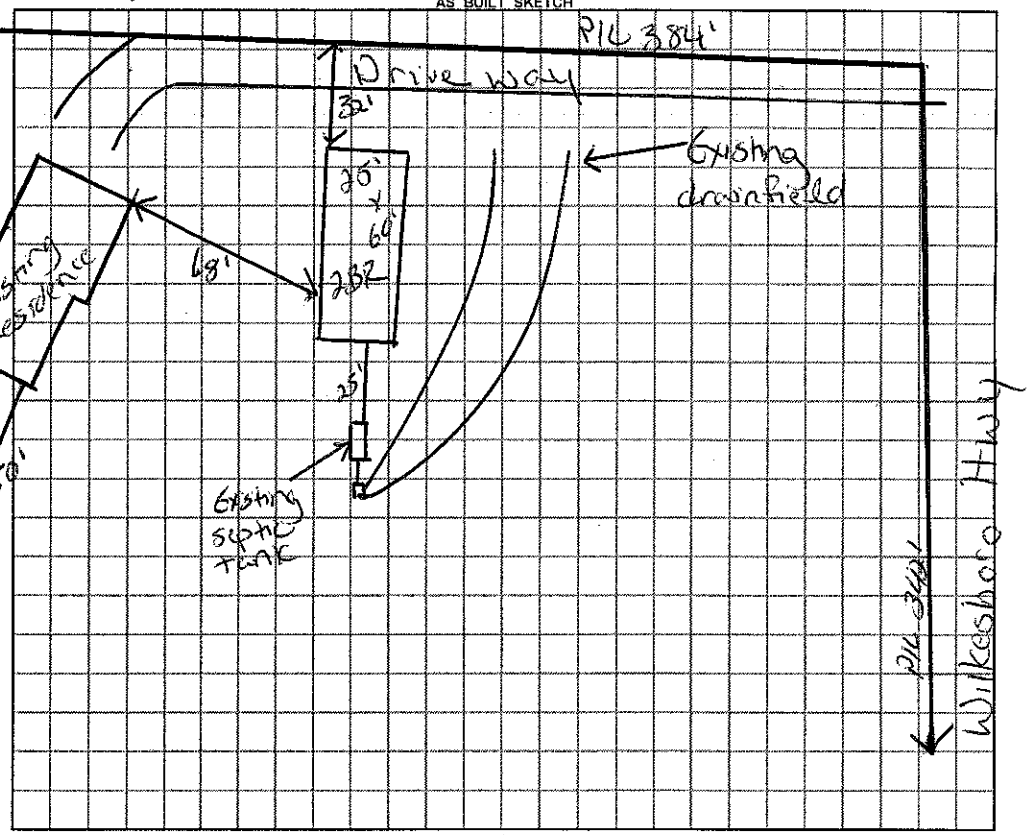
Comments / Conditions

- Maintain a minimum of 25' between the well & foundation of home; maintain a minimum of 5' between home foundation & all components of septic tank system.

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: ____ Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 10-8-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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