IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 149779 PIN# 4736586603 DATE 4-24-08

OWNER OR APPLICANT JM Workman & Company PHONE: Business 704 622-3996 Home 704-655-9543

ADDRESS 432 South Main Suite 130 DAVIDSON NC

LOCATION Davidson Woods Subdivision Perth RD Part 1032 - First DRIVE

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.0 SITE CLASS. 5 DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons: SPT 794 Date 7-28-07

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make. _____ Model _____ Serial No. _____

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

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ATK ☑ Gravity ☐ Pressure

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

System Description: 25% Grade

Repair System Description: 25% Grade / Pump

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☐ Individual ☑ Public ☐ Community

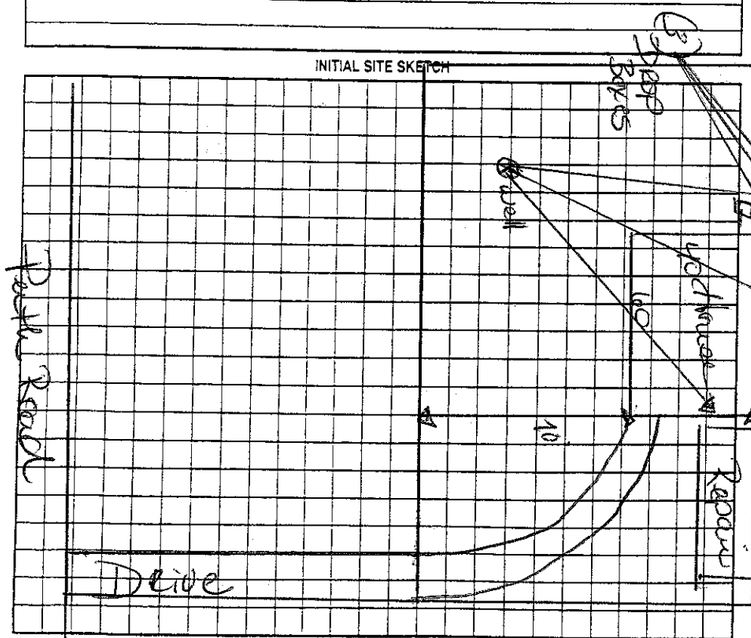
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

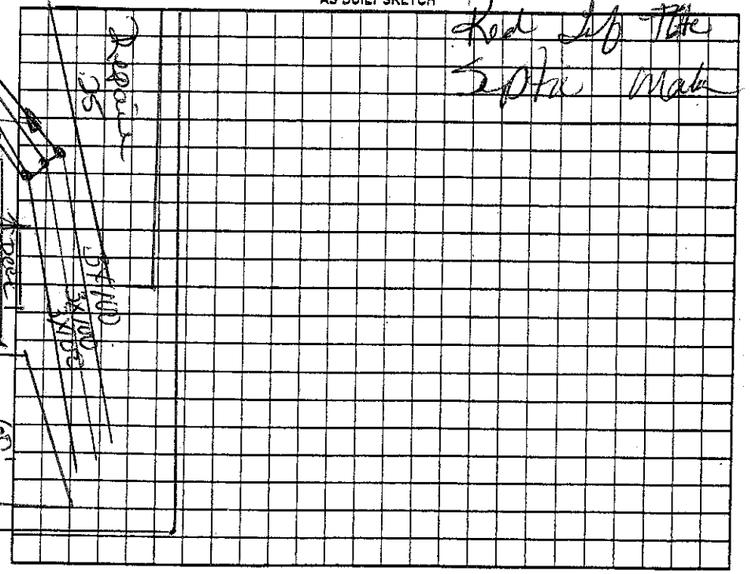
Comments:/Conditions:

Construct on Contour
Maintain all setbacks

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 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 4-24-08

Improvement Permit by: _____ date 4-24-08

Authorization to Construct by: _____ date 4-24-08

Installed by: _____

Operation Permit by: _____ date 5-2-08

Existing System Inspection by: _____ date _____

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