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# N/A 4730 72 7067 DATE 5-22-03

OWNER OR CONTRACTOR Dave Ehren PHONE: Business 502-2139 Home

ADDRESS 110 Shady Cove Rd

LOCATION Perth Rd N. to Shady Cove Rd on right 1st house #110

SUBDIVISION Shady Cove BLOCK / SECTION LOT 3? LOT AREA ~1/2 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3

Septic Tank: Existing Gallons; STB Date 4 part 2
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 2 Square Feet 300' Linear Feet 100'
No Lines 2 Beds 6'x25' Trench Width 6' Bed Max Trench Bottom Depth 24" 36" Gravel Depth 24"

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Gravity Conventional
Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

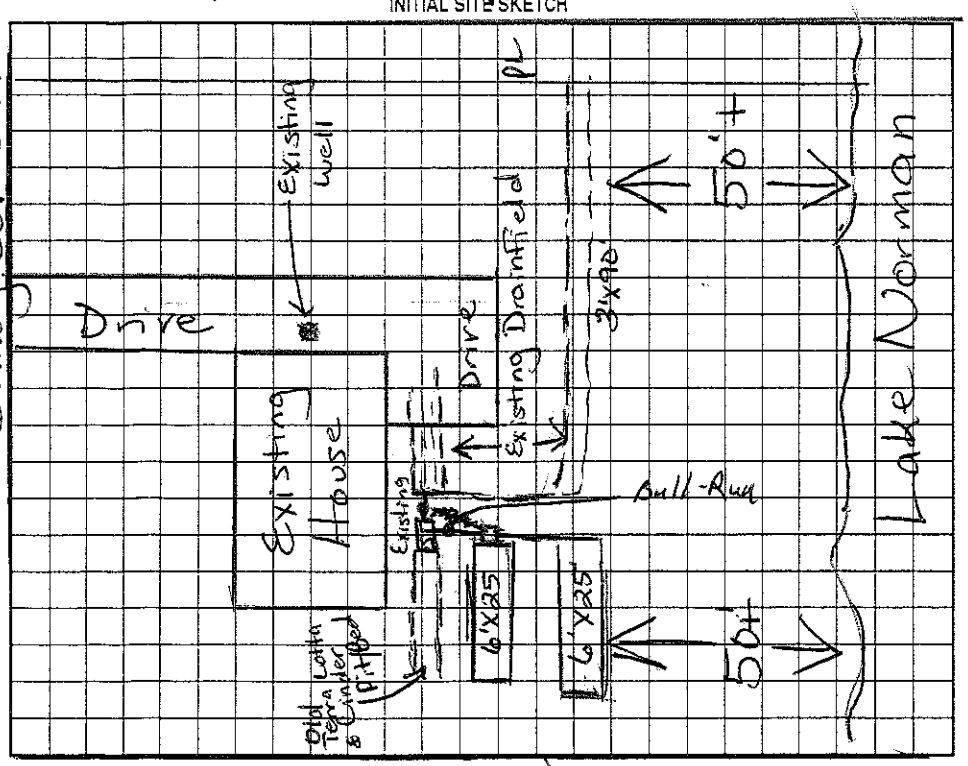
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Install Bull Run valve to switch between drainfields. Install 2-6'x25' Gravel beds with double gravel=24" Feed upper bed & drop to lower bed

Comments/Conditions: 2 lines in each 6' bed. Stay at least 5' to PL, 50' to lake & 50' to well.

INITIAL SITE SKETCH



AS BUILT SKETCH

Knocked new hole in the Ex. Tank (No Baffle) Lower than the Ex. outlet. 1st outlet of Bull-Run Valve goes to Gravel Beds, 2nd outlet of BRV Dead Ends to allow Usage of Ex. Drain Field.

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: X [signature] date 5/23/03 Installed by: Stanley Septic

Improvement Permit by: [signature] RS date 5/22/03 Operation Permit by: [signature] RS date 6/25/03

Authorization to Construct by: [signature] RS date 5/22/03 Existing System Inspection by: date

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