135528

sch 80 taps

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# ~~46-7-04-06~~ PIN# 4730786969 DATE 5-12-06

OWNER OR APPLICANT Newman McDade PHONE: Business 704-634-9409 Home

ADDRESS P.O. Box 131 Mt. Mourne 28173

LOCATION Perth Rd South TL Autumn Leaf on right (547 Autumn Leaf Rd)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.49 Ac SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 794 Date 10-13-06
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☐ Pressure

☑ New System ☐ Repair ☐ Expansion System Type: I II IV V VI
System Description: 25% reduction gravity
Repair System Description: 25% reduction gravity
Maintenance Agreement Required: ☐ Yes ☒ No

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

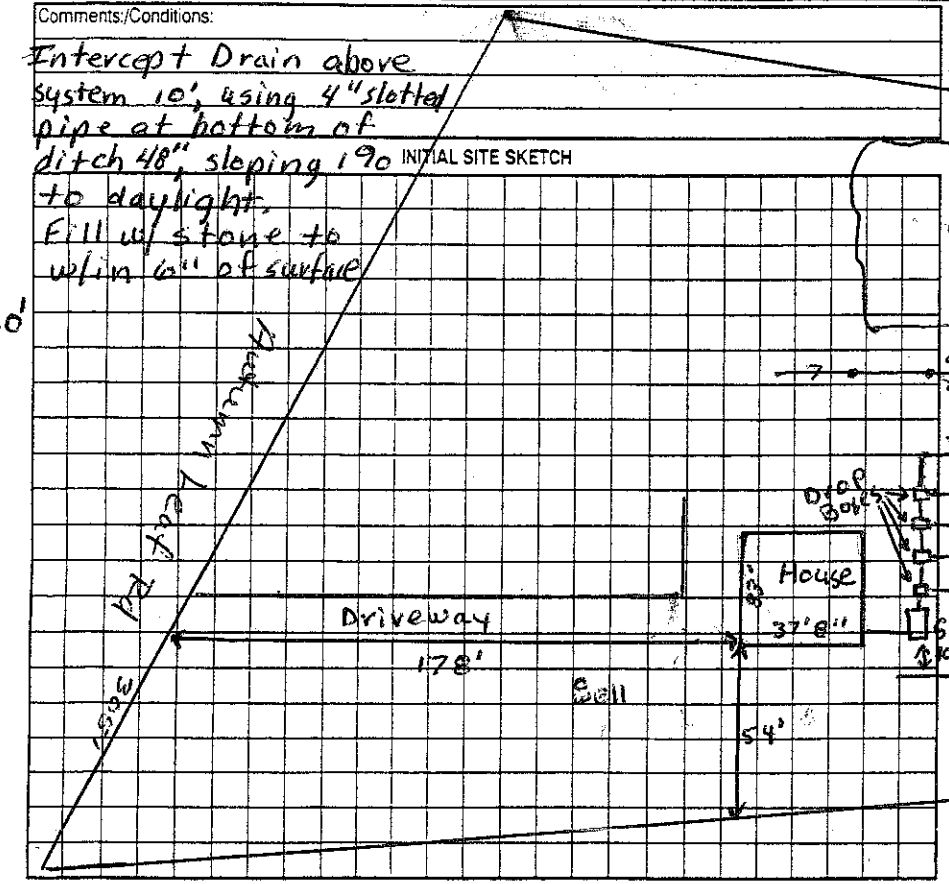
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

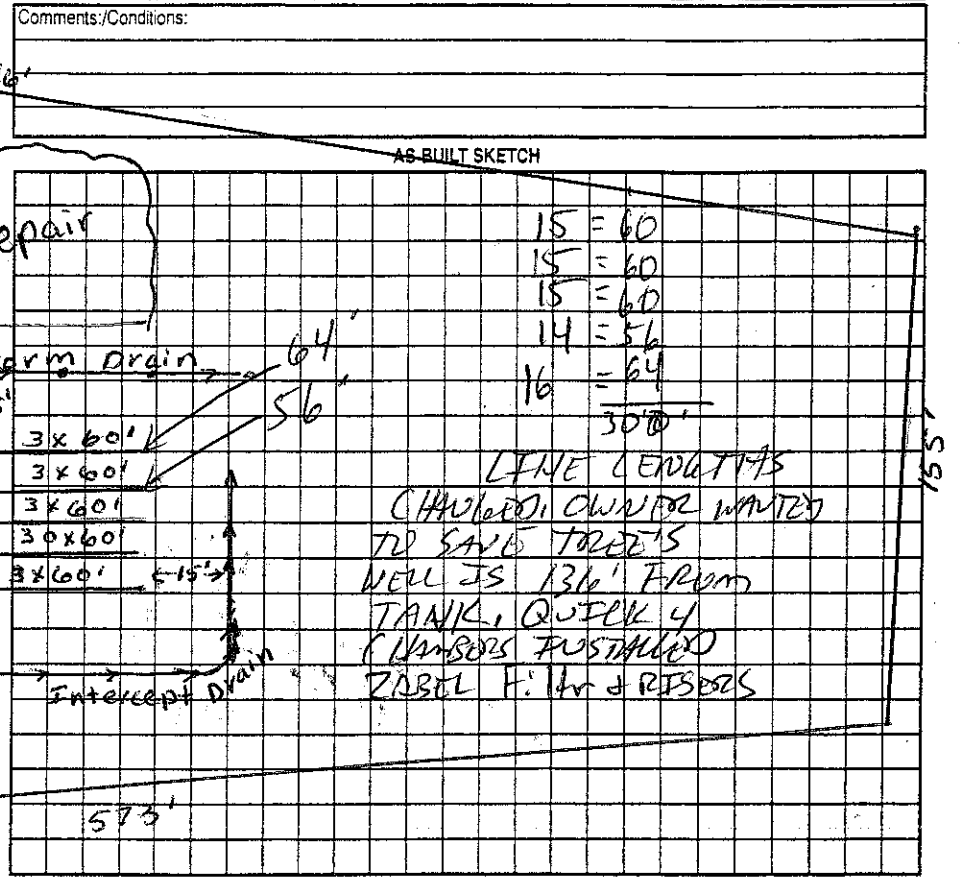
Intercept Drain above system 10', using 4" slotted pipe at bottom of ditch 48", sloping 19% to daylight. Fill w/ stone to w/in 6" of surface

INITIAL SITE SKETCH



Comments:/Conditions:

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: Newman McDade date 5-17-06

Improvement Permit by: Judy Merrill date 5-15-06

Authorization to Construct by: Judy Merrill date 5-15-06

Installed by: RUSTY ORBISON

Operation Permit by: C & CC date 11-20-06

Existing System Inspection by: date

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