Deck added 9/09

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (2) MOORESVILLE 704-664-5281

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

PERMIT# 143998 PIN# 4731187145

OWNER OR APPLICANT Julie Breedlove PHONE: Business 704 6661 9619 Home 704 528 4131 DATE 10/5/07

ADDRESS 330 E. Monbo

LOCATION Hwy 21 to Old Mth Rd (2) E. Monbo 3/4 mile on Right

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA 13.92 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 724 Date 8-20-07
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. 360 Pb
Nitrification Field: No Fields 1 Square Feet 1920 Linear Feet 480
No Lines 4/3 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% Reduction Gravity
Repair System Description: 25% Reduction Gravity
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth n/a ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 (3) No. Persons 4 (3) No. Employees ____

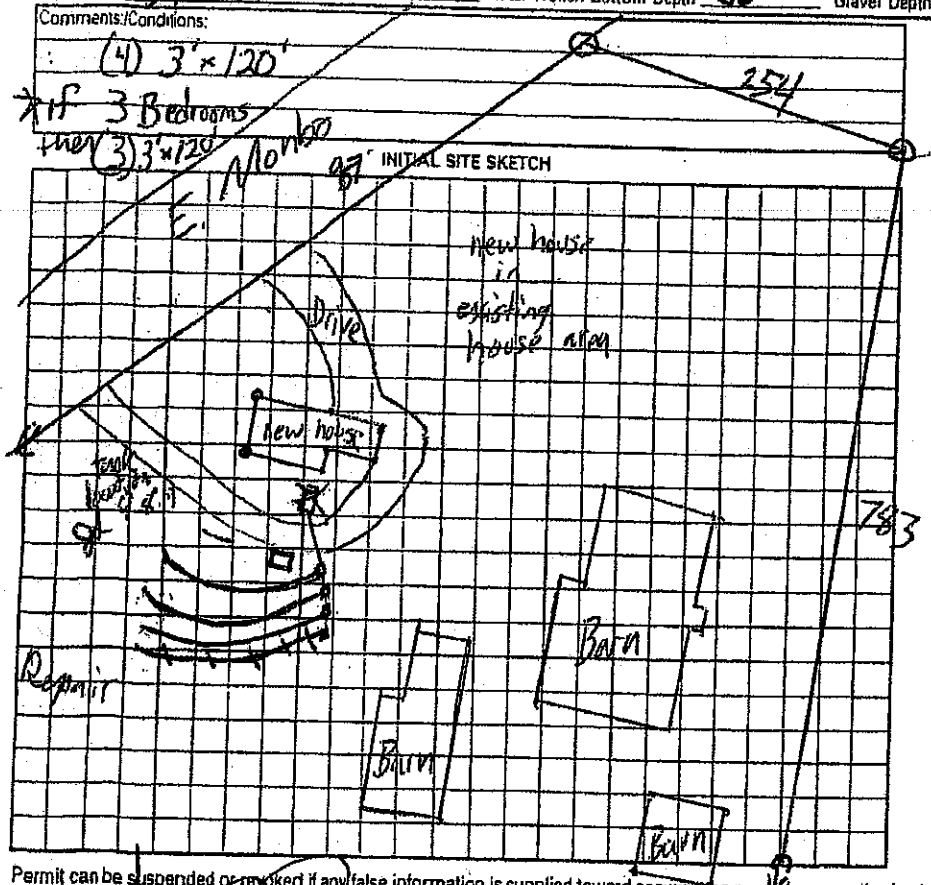
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions:

(4) 3' x 120'
If 3 Bedrooms
then (3) 3' x 120'

INITIAL SITE SKETCH



Comments:/Conditions:

$ 7-18-08

AS BUILT SKETCH

On 7-15 R&H Septic called and informed that the homeowner stated house is a 3 BR not 4, and instructed the installer to combine 4th line after inspection.

- Lines feet, design flow, bedroom, line numbers changed on permit 7/18/08 by

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 10/8/07
Improvement Permit by: ____ date 10/5/07
Authorization to Construct by: ____ date 10/5/07

Installed by: R&H Lake Norman
Operation Permit by: ____ date 7-3-08
Existing System Inspection by: ____ date ____

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