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

COPY

PERMIT # 175473 PIN # 4736716156 DATE 10-23-12

OWNER Stephen Fortner APPLICANT: KW Nicholson PHONE: Home/Cell # 704-878-2517 Business 704-902-0799

SITE ADDRESS 188 Cedar Lake Dr. OWNER / APPLICANT ADDRESS 930 Argyle Court

SITE DIRECTIONS 115N TR Chipley Ford Rd. TR Fort Dobbs Rd TL Cedar Lake Dr.

SUBDIVISION Fort Dobbs Farms BLOCK / SECTION P2 LOT # 37 LOT AREA 2.48 acres DESIGN FLOW 480gpd L.T.A.R. 0.25

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 6 Linear Feet 480

Trench Width 36" Max. Trench Bottom Depth 36"

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

System Description: 25% Reduction

Repair System Description: Gravity PPBPS

Maintenance Agreement Required ☐ YES ☑ NO

Gravel Depth N/A ☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction System on contour with aerial distribution.

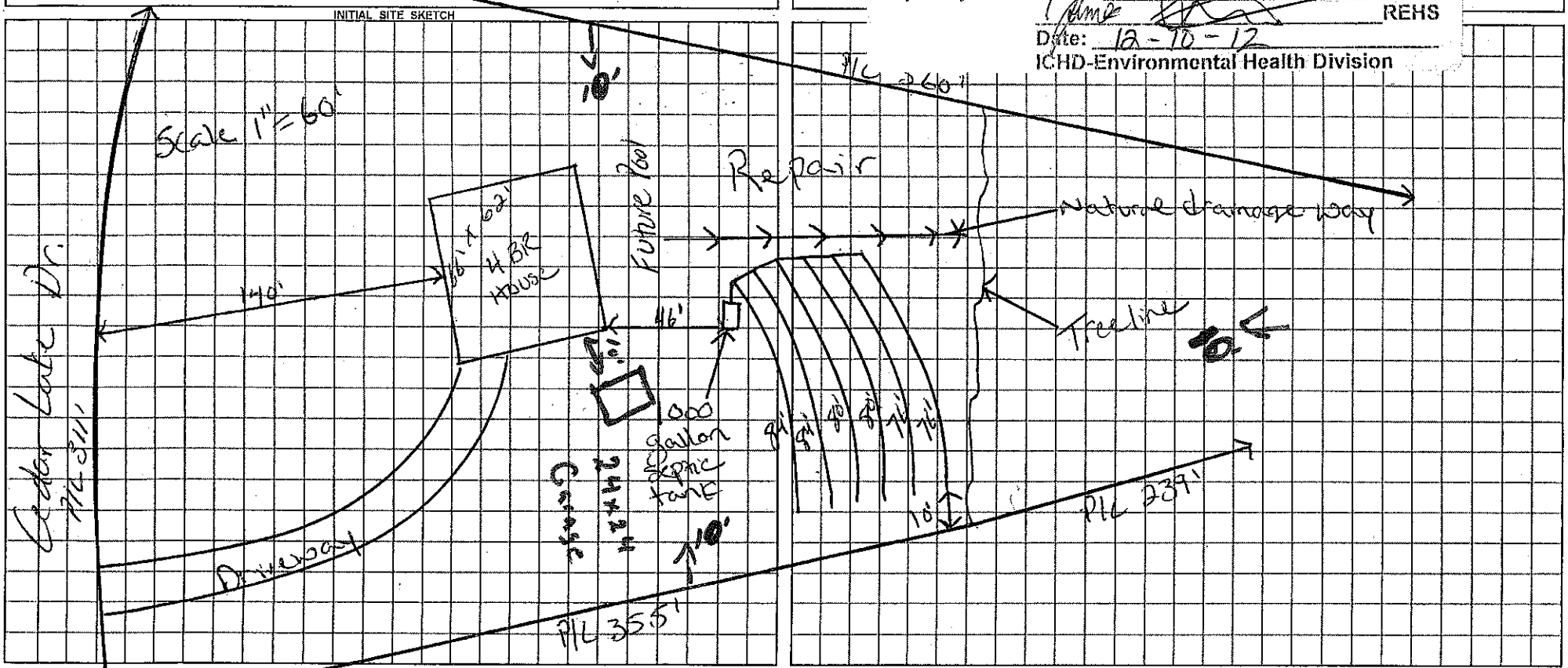
Location of the proposed 24' x 24' Garage addition does not appear to impact the existing on-site septic system.**NOTE:

REHS

Date: 12-10-12

ICHD-Environmental Health Division

INITIAL SITE 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: Kw Nicholson Date ____ Installed by: ____

IMPROVEMENT PERMIT by: Justin Henderson REHS Date 10-23-12 OPERATION PERMIT by: ____ REHS Date ____

AUTHORIZATION TO CONSTRUCT by: Justin Henderson REHS Date 10-23-12 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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