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 # 4737777411 DATE 6-1-09

OWNER or APPLICANT Rob Stroud PHONE: Business Home: 704 202 4971

OWNER or APPLICANT ADDRESS 376 Bluegill Ln

LOCATION / DIRECTIONS N. on Chipley Ford Rd (R) on Bluegill, lot is #25 on (R)

SUBDIVISION Poplar Ridge BLOCK / SECTION ~~28~~ 28 LOT # ~~25~~ 25 LOT AREA 1.017 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB ex Date ex

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet ~~300~~ 368'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a

☐ New System ☒ Repair ☐ Expansion System Type I II III IV V VI

System Description: 25% Reduction System

Repair System Description: 25% Reduction System

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons ____ ☐ Other No. Employees ____

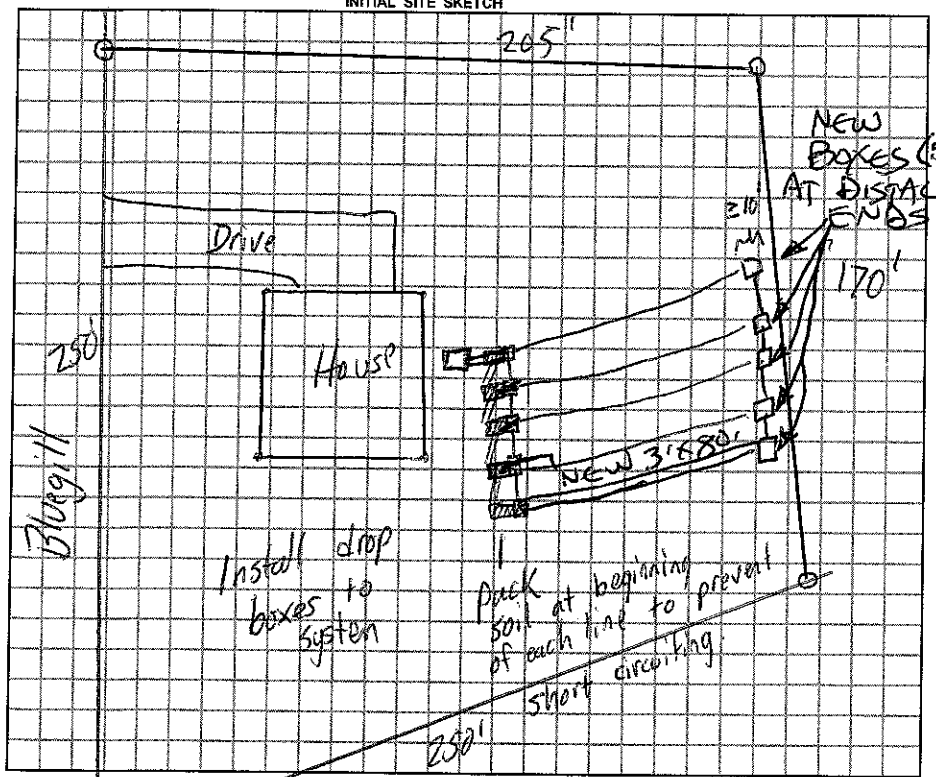
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

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INITIAL SITE SKETCH



AS BUILT SKETCH

★ Remove 1 chamber at the beginning of each line (EXCEPT THE FOURTH LINE)

★ Install drop box to ensure correct distribution

★ Tightly pack soil around end cap at the beginning of each line

★ Install 5th line with 20 Chambers at the end of system (80 LF)

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 w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Regina Dardle Date 6/4/09

Improvement Permit by: ____ Date ____

Authorization to Construct by: [signature] Date 6-1-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ROWAN SEPTIC

Operation Permit by: STEVE HEDRICK Date: 7-30-09

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant