IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Permit PIN# 4739408139 DATE 8-8-07

OWNER OR APPLICANT Todd Alex Carter PHONE: Business 704 880 0591 Home 704 876 3286

ADDRESS 370 River Run Road

LOCATION N on South Chipley Ford Road: Cross river First Road on left house on (R) ~ 1 mile

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .35

Septic Tank: Ex 1500 Gallons; STB 264 Date 12-14-06

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1500 Linear Feet 420

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

☐ 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

☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Persons 6 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☒ Community

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

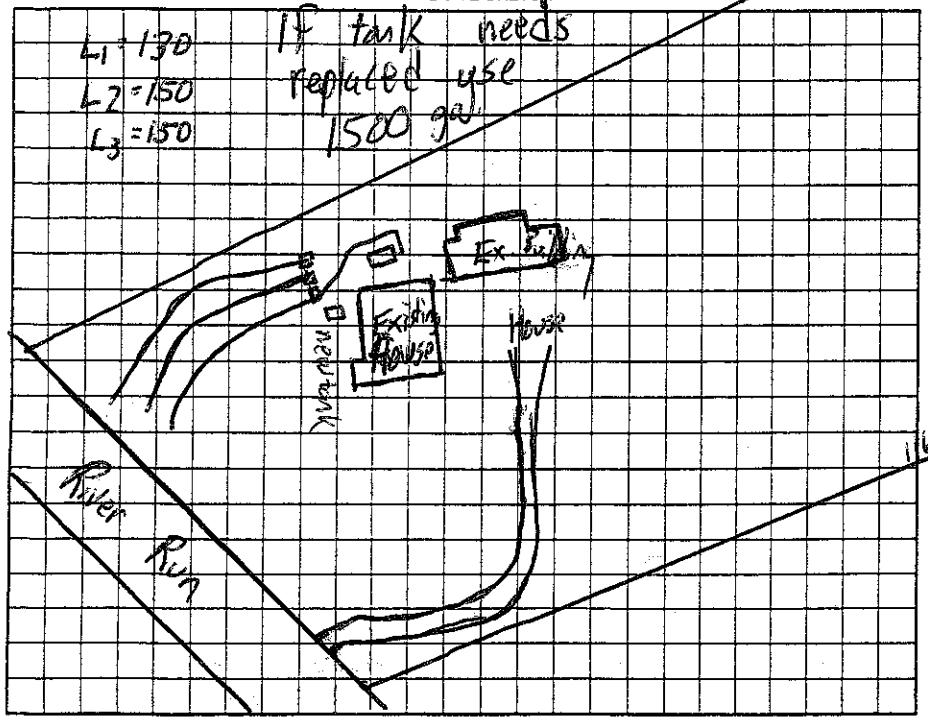
Comments/Conditions:

Use Existing Tank.

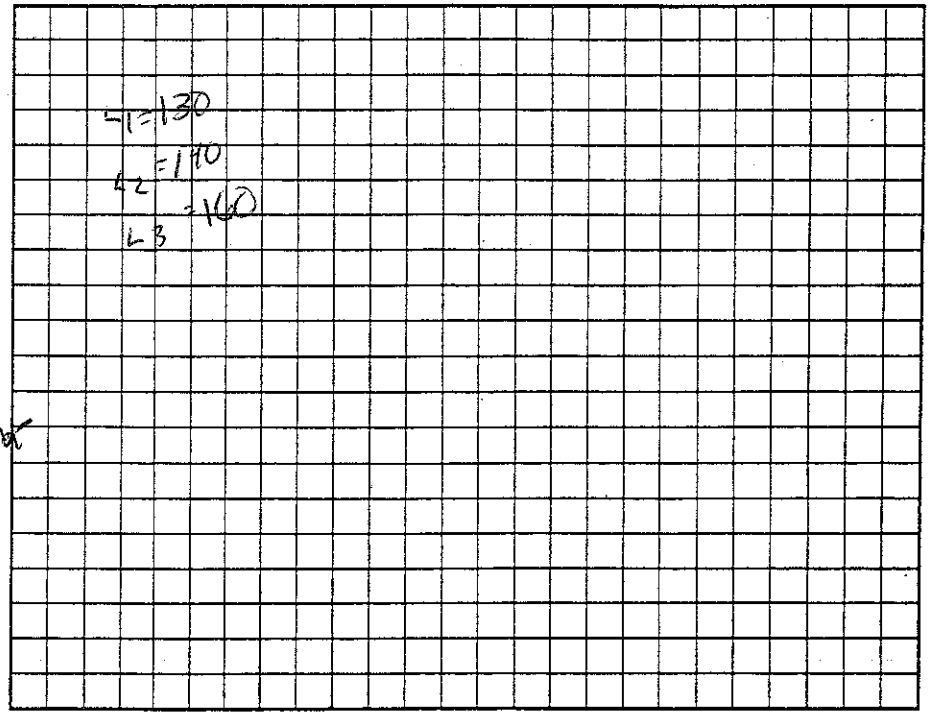
Comments/Conditions:

Brown Filter

INITIAL SITE SKETCH



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: Christine Carter date 8-15-07

Improvement Permit by: ____ date 8-8-07

Authorization to Construct by: ____ date 8-8-07

Installed by: Andy Daniels

Operation Permit by: ____ date 8-28-07

Existing System Inspection by: ____ date ____

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