IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140747 PIN# 4746733679 DATE 3-6-07

OWNER OR APPLICANT James Cartner

ADDRESS 1485 Powell Rd Woodleaf NC 27054 PHONE Business 704-278-1717 Home

LOCATION Jane Owens Rd Robinhood Loop 2nd house on left

SUBDIVISION ______ BLOCK / SECTION ______ LOT ______ LOT AREA 5 AC SITE CLASS. PS DESIGN FLOW 240 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4-9-07

Pump Tank: ______ Gallons; PT ______ Date ______

Pump Make: ______ Model ______ Serial No. ______

Nitrification Field: No Fields ______ Square Feet 800 Linear Feet 200

No Lines 5 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% Gravity

Repair System Description: LPP 50%

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Gravity ☐ Pressure

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

No. Bedrooms 2 No. Persons ______ No. Employees ______

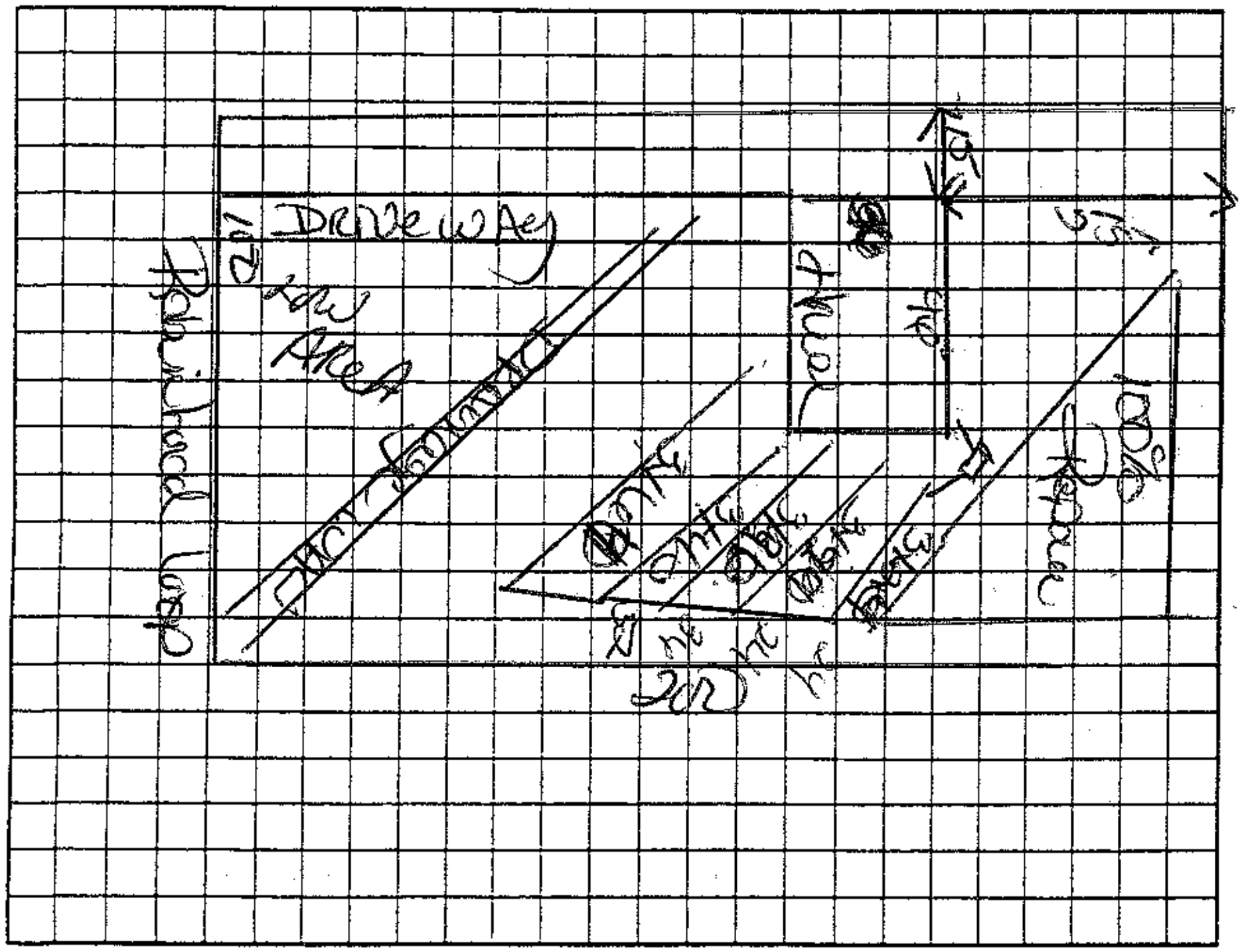
Water Supply: ☐ Individual ☑ Public ☐ Community

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

Comments:/Conditions:
1 @ 20'
3 @ 40'
1 @ 60'

Comments:/Conditions:
Endcap distribution
*Stub plumbing out high

INITIAL SITE SKETCH



AS BUILT SKETCH

Yellow Tuf-Lite Septic Marker

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: [signature] date ______

Improvement Permit by: Kelly Cook date 3-6-07

Authorization to Construct by: Kelly Cook date 3-6-07

Installed by: David Yountz

Operation Permit by: Kelly Cook date 11-9-07

Existing System Inspection by: ______ date ______

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