IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 156968 PIN # 4747433193 DATE 6/26/09

OWNER or APPLICANT Kristi Wishon PHONE: Business 704-450-5876 Home:

OWNER or APPLICANT ADDRESS 137 Foxglove Dr.

LOCATION / DIRECTIONS 21N, (L) on Shumaker Dr. (L) on Foxglove, 137 on (L)

SUBDIVISION Graystone Meadow BLOCK / SECTION 4 LOT # 32 32 LOT AREA 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 2+(1) Linear Feet 200' added
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 8 in

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction Pump
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

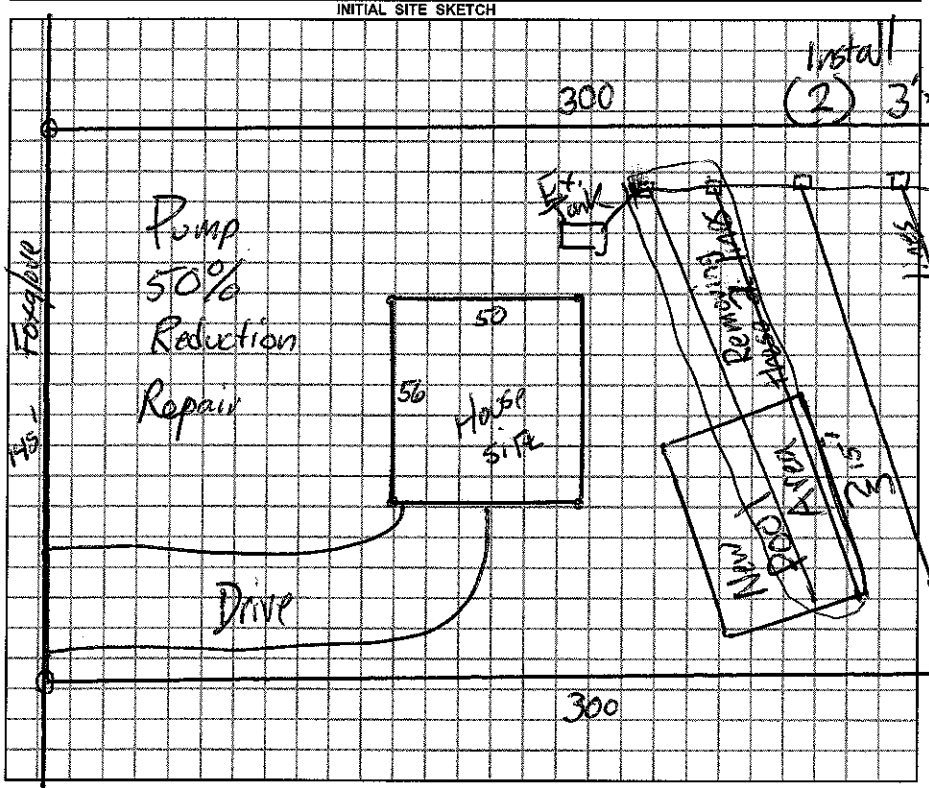
☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

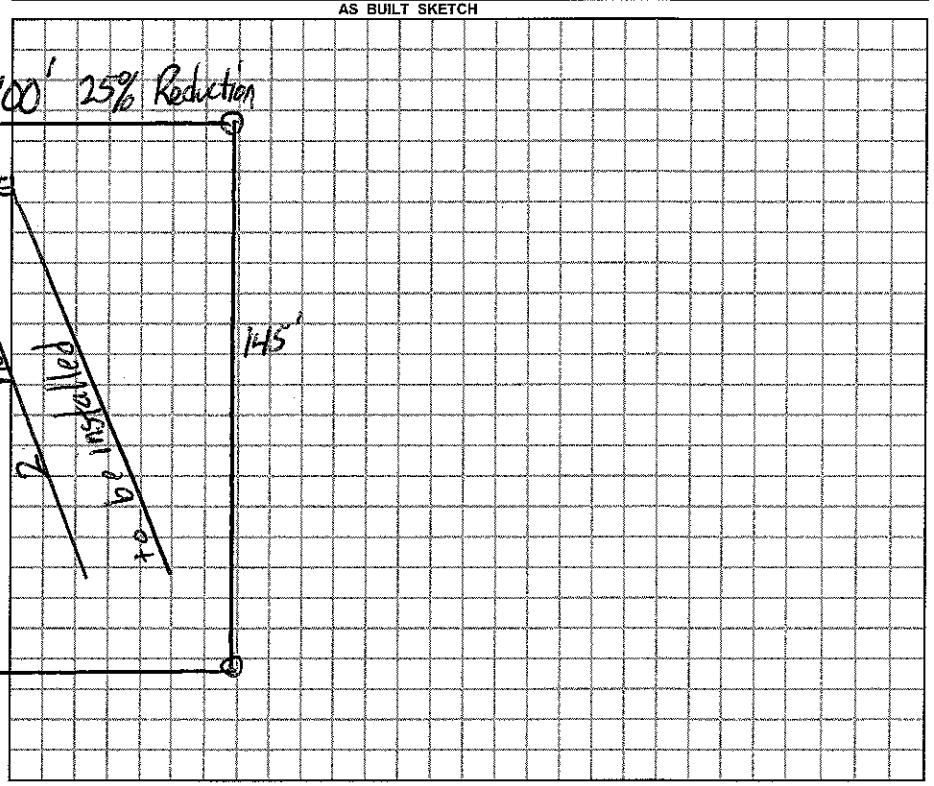
Comments / Conditions

Comments / Conditions

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 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: Kristi Wishon Date 6-26-09

Improvement Permit by: Date 6/26/09

Authorization to Construct by: Date 6/26/09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: DAVID Gaunt

Operation Permit by: Date: 07-24-09

Existing System Inspected by: Date:

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