IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (or) MOORESVILLE 704-664-5281 A

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

PERMIT # 160461 PIN # 4747-75-2202 DATE 4 May 10

OWNER or APPLICANT Jeremy Bunton PHONE: Business (704) 746-7094 Home: (704) 872-4408

OWNER or APPLICANT ADDRESS 165 Taurus Rd. Statesville

LOCATION / DIRECTIONS Turnersburg Hwy TL Jennings Rd. TL Taurus Rd - Prop on Lft. 165 Taurus Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT # 2 LOT AREA 2.151Ac. DESIGN FLOW 480 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank Existing Gallons: STB _____ Date _____

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 1 Linear Feet 100

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - LPP

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

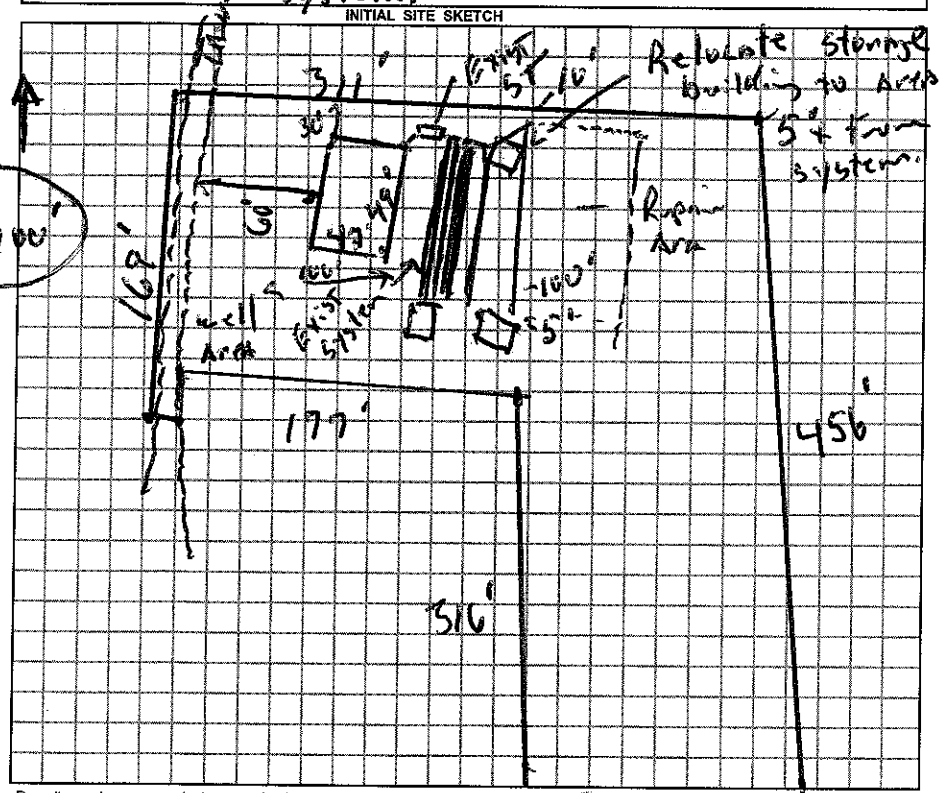
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions

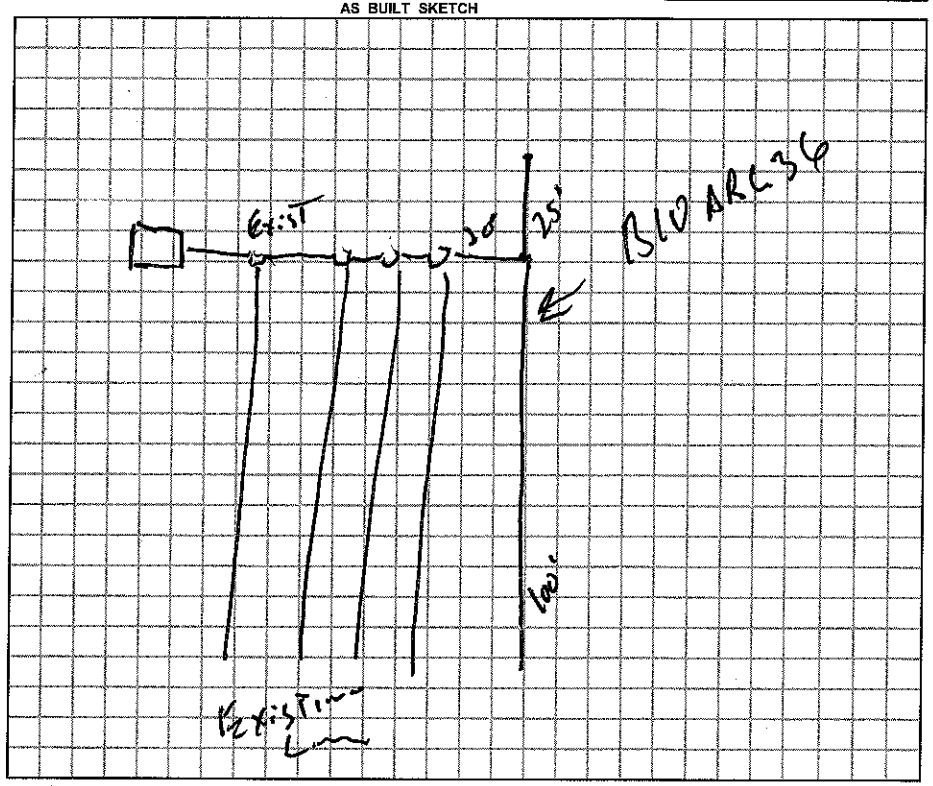
* Relocate storage bldg. to Area 5' + from Septic & Repair Areas. Add 100' of 25% reduction system to existing system.

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: Chad Hadley Date 5/6/10

Improvement Permit by: _____, R.S. Date 5 May 10

Authorization to Construct by: _____, R.S. Date 5 May 10

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Graywood Brothers

Operation Permit by: _____, R.S. Date: 17 June 10

Existing System Inspected by: _____ Date: _____

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