IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 17263 PIN # 4749468525 DATE 9-6-12

OWNER Charles Mencer APPLICANT: Bentley Building Co. PHONE: Home/Cell # 336 468-1144 Business # N/A

SITE ADDRESS 144 Fourwheel Dr. OWNER / APPLICANT ADDRESS 144 Fourwheel Dr.

SITE DIRECTIONS Hwy 21 S TL Demings Rd TL Friendship Rd TL Fourwheel Dr. ; Property @ end of Fourwheel Dr.

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 2.15 acres DESIGN FLOW 240 gpd L.T.A.R. Existing

Septic Tank Existing Gallons: STB ____ Date ____
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines Ex Linear Feet Existing
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: Conventional
Repair System Description: ____
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

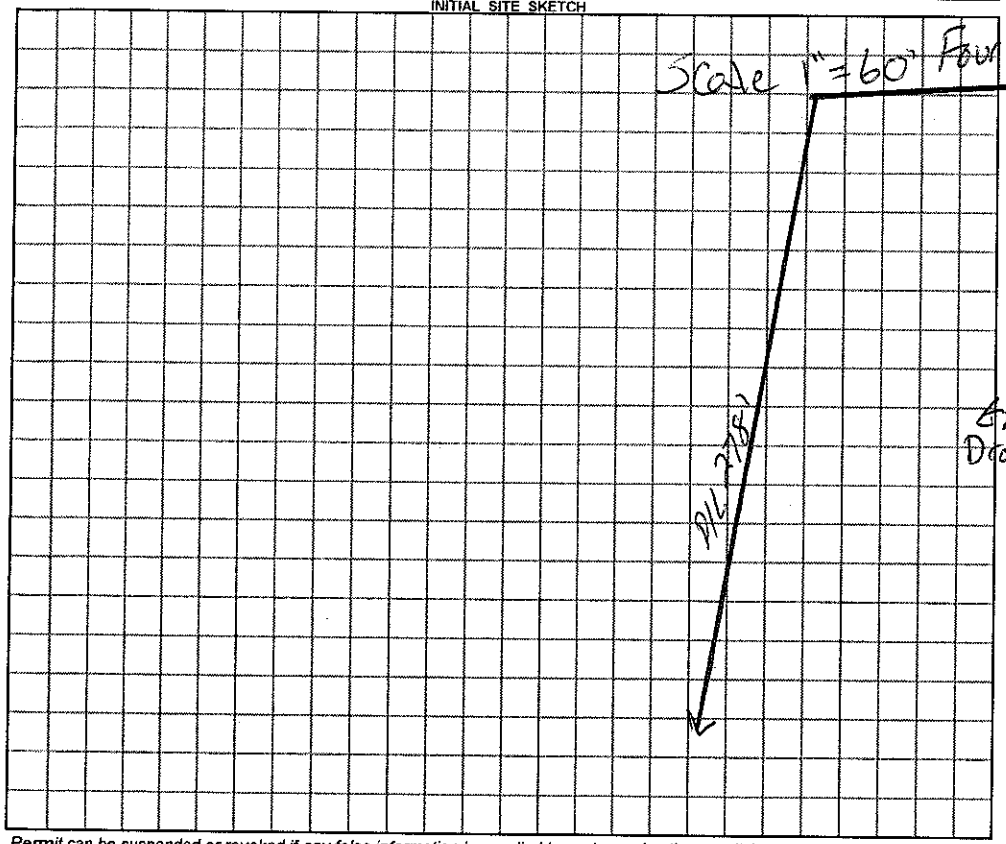
☑ Residence No. Bedrooms 2
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

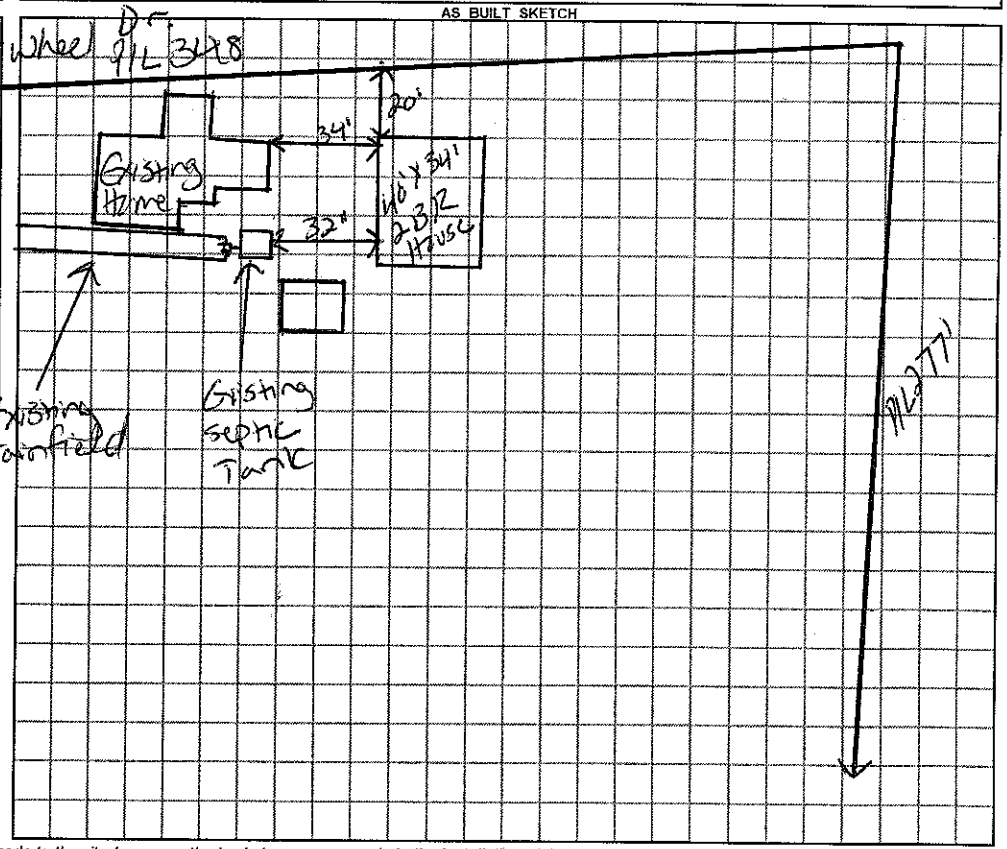
Comments / Conditions

- Existing home must be removed prior to hooking proposed new home to existing septic system

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

Owner / Applicant Signature: ____ Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 9-6-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant