IREDELL COUNTY HEALTH DEPARTMENT

This permit replaces one issued on 6-4-2007

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

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

PERMIT # 143031 PIN # 4749543032

OWNER or APPLICANT Phil Black DATE September twenty-sixth, Two thousand and eight

OWNER or APPLICANT ADDRESS 132 Bussell Rd. PHONE: Business 704 201 1809 Home:

LOCATION / DIRECTIONS Jennings Rd (N) to Friendship Rd, (TL) on Bussell, 1st drive on (R)

SUBDIVISION n/a BLOCK / SECTION n/a LOT # 7.398Ac. LOT AREA DESIGN FLOW 240 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 760 Date 5-25-08

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 2 Linear Feet 200

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a

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

System Description: 25% Gravity Reduction

Repair System Description: 25% Gravity Reduction

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

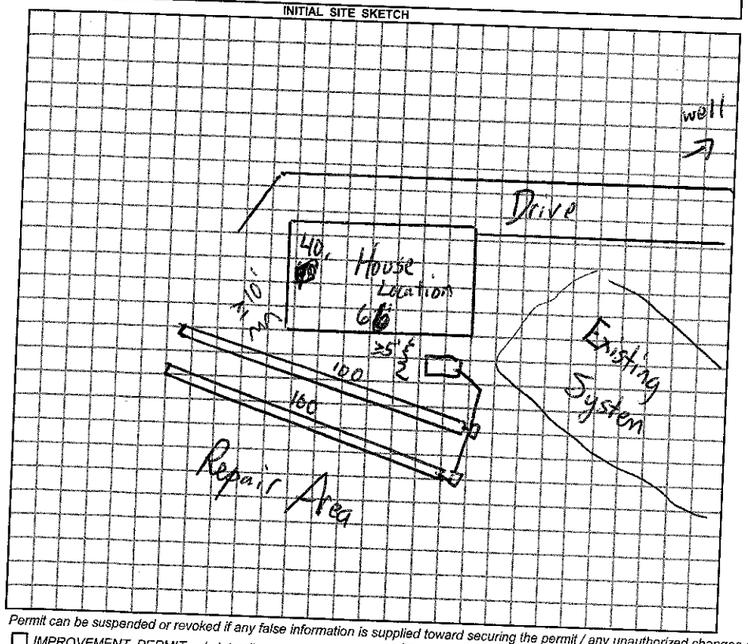
Water Supply: ☐ Private ■ Public ☐ Community

Comments / Conditions

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Poly-loc fittings
Plastic drop-boxes

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: D. Mchang Date 9-26-08

Improvement Permit by: James Date 9-26-08

Authorization to Construct by: James Date 9-26-08

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Stanley Septic Service

Operation Permit by: Jan Wiggs, R.S. Date: 30 Oct 08

Existing System Inspected by: ____ Date: ____

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