IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140439 PIN# 4750696034 4750,95 142 DATE 2/5/07

OWNER OR APPLICANT LINDA NANCE PHONE: Business _____ Home _____

ADDRESS 119 Woodtree Lane

LOCATION Hwy 21/115 N, (R) Oswalt Amity, (R) Overcash, (R) Kendall, Woodtree on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.00 Acre± SITE CLASS. P.S. DESIGN FLOW 240gpd L.T.A.R. .30gpd/ft²

Septic Tank: 1000 Gallons: STB 760 Date 10/15/06

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2@100' 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: Gravity -25% Reduced

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

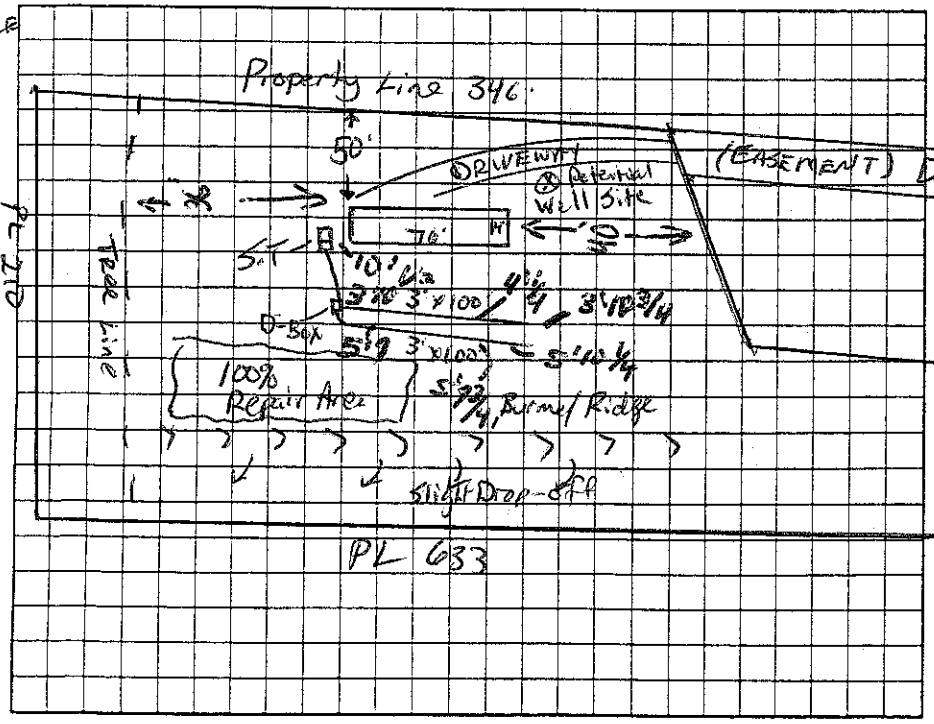
Comments:/Conditions: Septic Tank to be at least 5' off foundation

Comments:/Conditions:

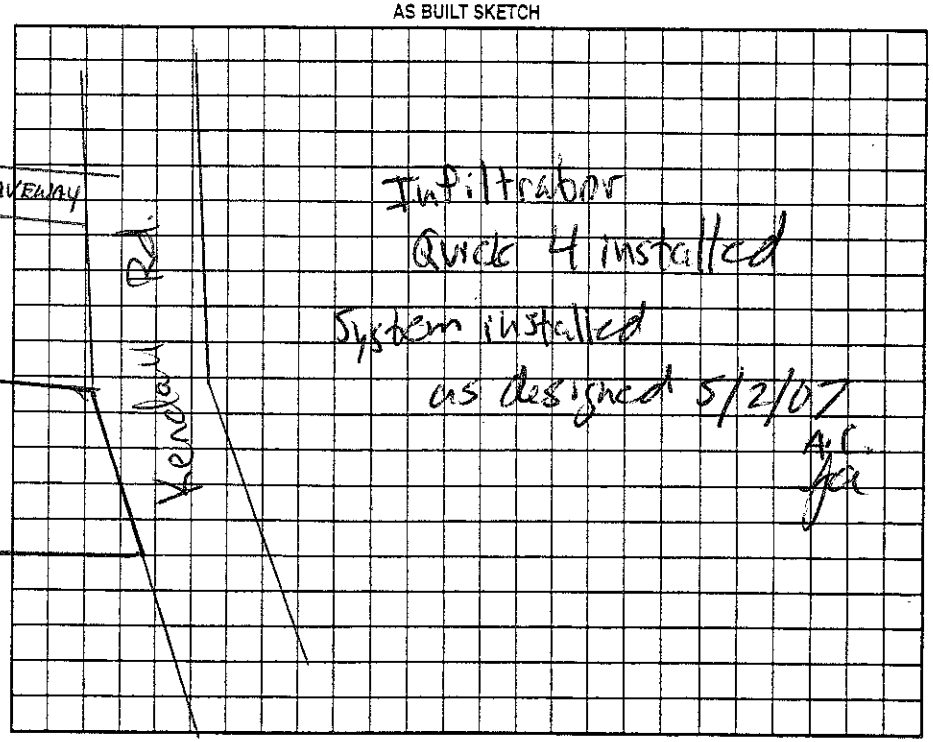
1" = 100'

SCALE

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 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: Linda Nance date 2-15-07 Installed by: Myers

Improvement Permit by: Josh E Alph date 2/15/07 Operation Permit by: Josh E Alph date 5-2-07

Authorization to Construct by: Josh E Alph date 2/15/07 Existing System Inspection by _____ date _____

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