IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (O) / MOORESVILLE 704-664-5281

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

PERMIT# 130944 PIN# 4751 02 8459 DATE 9/22/05

OWNER OR CONTRACTOR ROBERT BROWN / MICHAEL DIEFENBACH PHONE: Business 704 293 4574 MD Home 704 309 5564 RB

ADDRESS PO Box 916 DAVIDSON, NC 28036

LOCATION ● 215 @ OSWALT Amity @ STILL MEADOW LN @ LOT

SUBDIVISION STILL MEADOW EST. BLOCK / SECTION ____ LOT 13 LOT AREA .46 ACRES SITE CLASS. PS DESIGN FLOW 360 GAD L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 725 Date 12-26-10
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 600/1200 Linear Feet 200
No Lines 6 Trench Width 24" Max Trench Bottom Depth 30" Gravel Depth NA

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: GRAVITY PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____

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

Water Supply: ☒ Individual ☐ Public ☐ Community

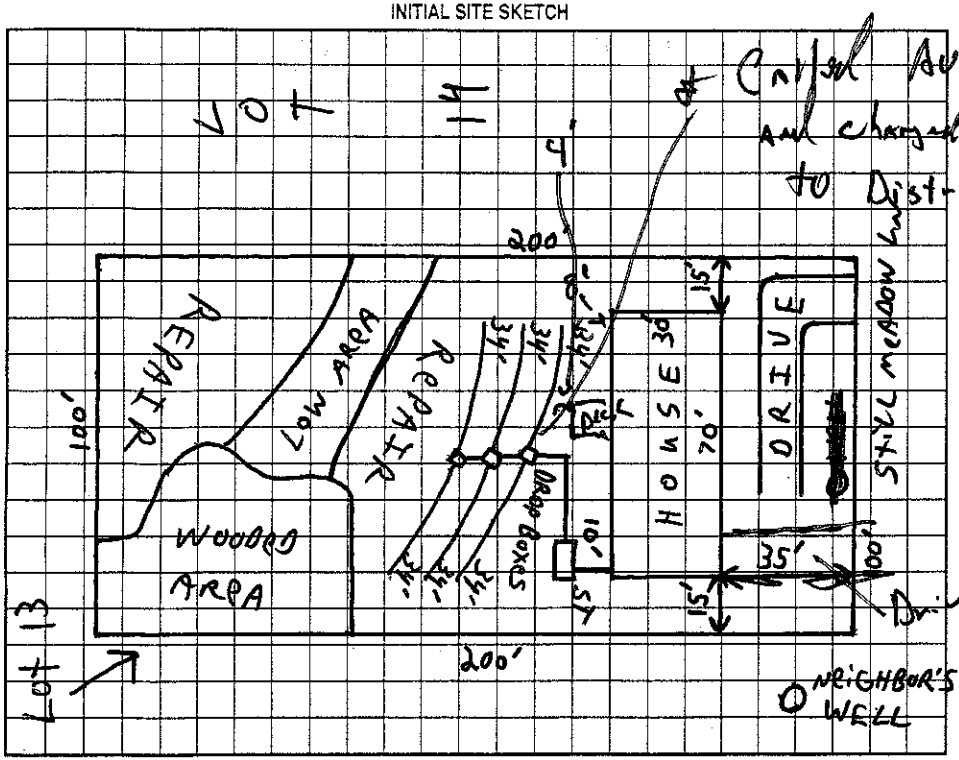
Comments:/Conditions: INSTALL ON CONTOUR. MAINTAIN SETBACKS.

SCALE: 1" = 50'

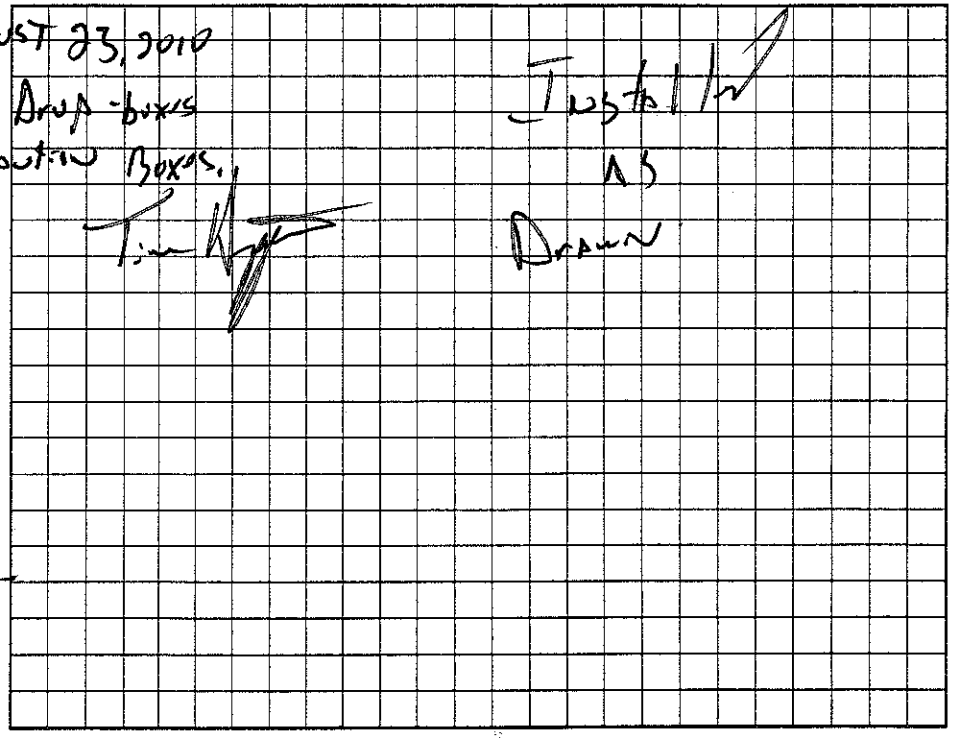
Comments:/Conditions:

Public Filter.

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: ____ date 9/26/05

Improvement Permit by: ____ date 9/22/05

Authorization to Construct by: ____ date 9/22/05

Installed by: Environmental Solutions

Operation Permit by: ____ R.S date 23 Feb. 11

Existing System Inspection by: ____ date ____

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