IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (ad) (ad) MOORESVILLE 704-664-5281

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

PERMIT # 156645 PIN # 4759001798 0651 DATE 5-26-09

OWNER or APPLICANT Nichole & Jason Leatz PHONE: Business 704 876 1834 Home: 704 876 6217

OWNER or APPLICANT ADDRESS 426 Leatz Rd

LOCATION / DIRECTIONS 77 N to exit 59, take (L) on Tomlin Mill Rd. take 1st (L) on Leatz. Lot on (L) before 418 Leatz.

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 1.025 DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 794 Date 7-14-09

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 400 (total)

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% Reduction - Gravity

Repair System Description: 25% Reduction (pump, ift etc.

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

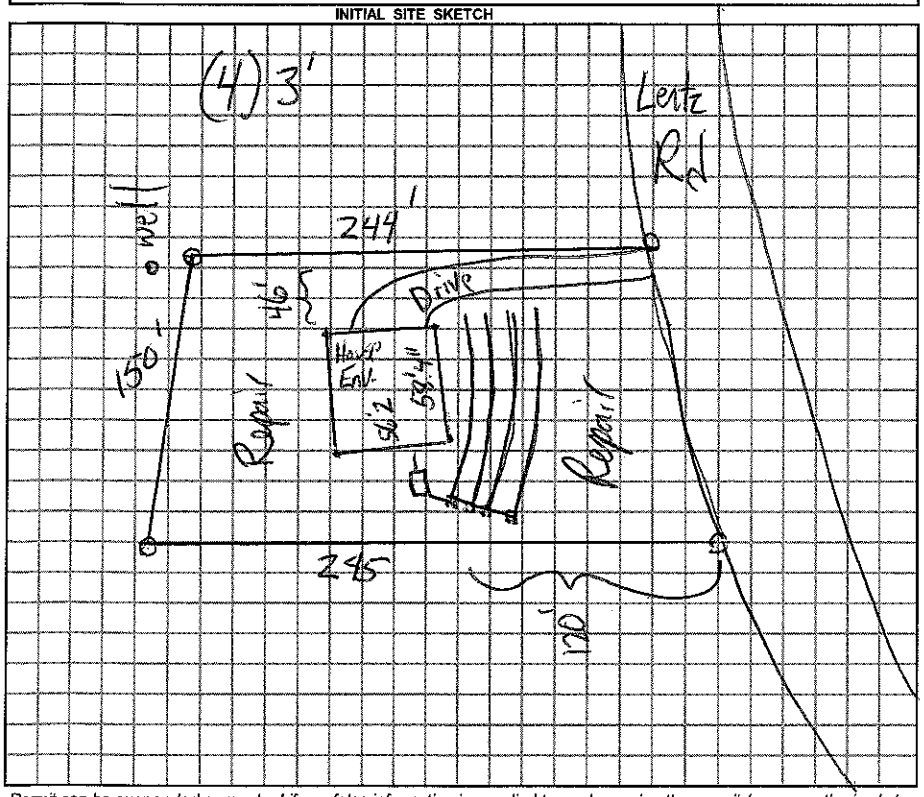
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

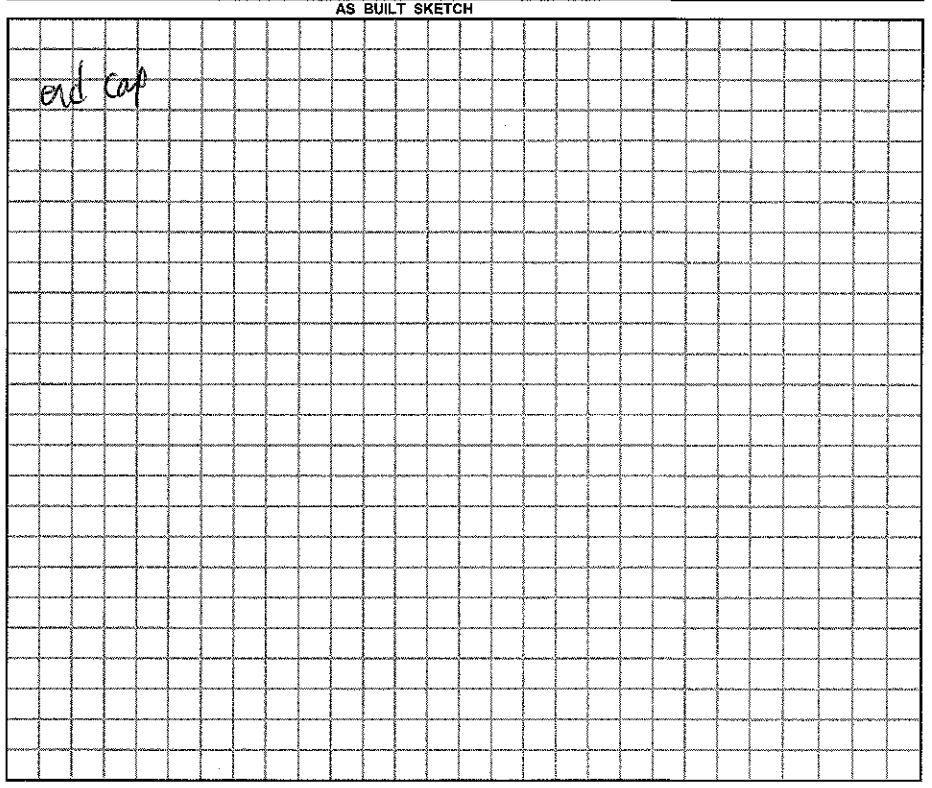
Comments / Conditions

Red 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 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: Nichole C Leatz Date 5-27-09

Improvement Permit by: James Date 5-26-09

Authorization to Construct by: James Date 5-26-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Larry Beam

Operation Permit by: James Date: 9-21-09

Existing System Inspected by: ____ Date: ____

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