IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 131799 PIN# 4760 56 68 461 DATE 5/3/06

OWNER OR APPLICANT Greg Cairns PHONE: Business _____ Home _____

ADDRESS PO Box 1682 Mooresville NC 28117

LOCATION 115 N, TR Shinnville, TL Brawley Rd, on RT before Strawberry Hill Ln.

SUBDIVISION Strawberry Hill BLOCK / SECTION _____ LOT 7 LOT AREA 10.69 Ac SITE CLASS. 85 DESIGN FLOW 360 L.T.A.R. 0.275

Septic Tank: 1000 Gallons; STB 1007 Date 7/11/06
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 4@80 Trench Width 36" Trench Bottom Depth 36" Gravel Depth _____

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: Gravity 25% Reduct.
Repair System Description: Same
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

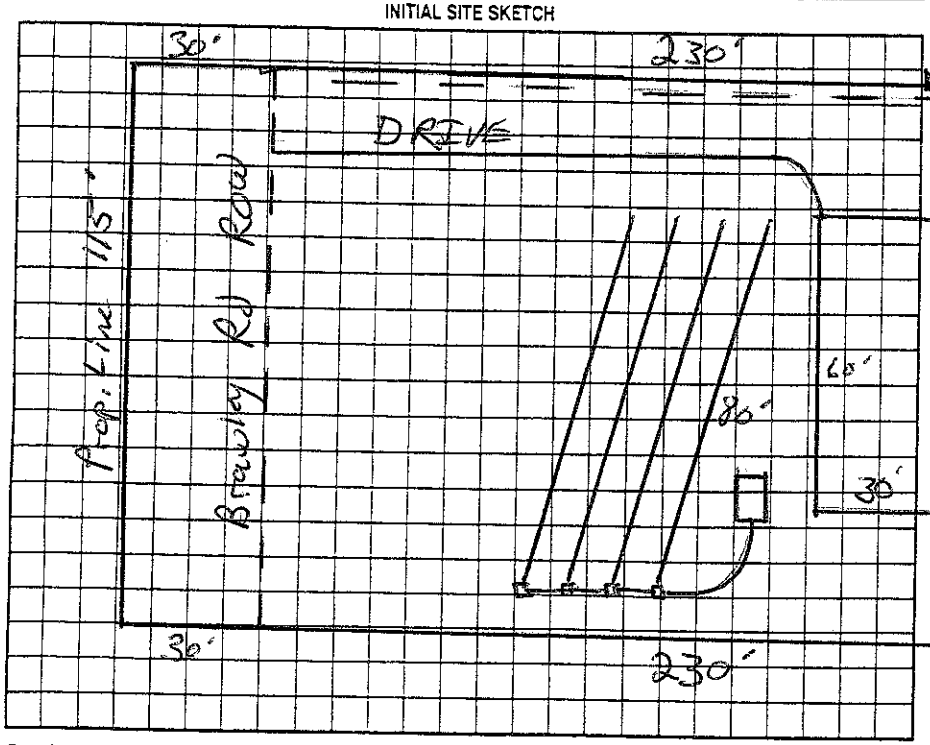
☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: French Drain - 42" Deep - gravel to 1 foot below surface

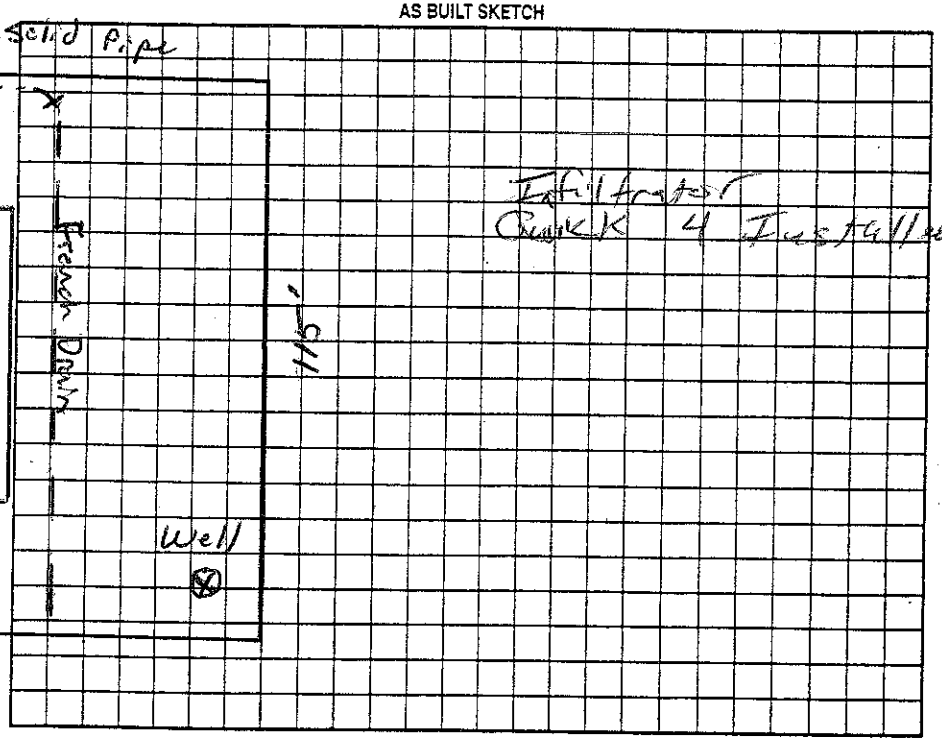
1"=40'

Comments:/Conditions:

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: Gregory Cairns date 5/4/06

Improvement Permit by: RS date 5/8/06

Authorization to Construct by: RS date 5/8/06

Installed by: A & S Grading

Operation Permit by: RS date 8/8/06

Existing System Inspection by: _____ date _____

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