IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 1:30 MOORESVILLE 704-664-5281

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

PERMIT # 161288 PIN # 4761 23 ~~4779~~ 1506 DATE August 17, 2010

OWNER or APPLICANT Brazos Development PHONE: Business Home:

OWNER or APPLICANT ADDRESS P.O. Box 1179 Troutman NC 28166

LOCATION / DIRECTIONS Hwy 21 N TR Oswalt Amity TR Wheatfield TR Emma Mae TR Logan Ridge on right nearend

SUBDIVISION Wheatfield BLOCK / SECTION 1 LOT # 24 (25) LOT AREA 1.057Ac. DESIGN FLOW 360 gpd L.T.A.R. .25 gpd/ft²

Septic Tank 1000 Gallons: STB 786 Date 1-25-09

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 3 Linear Feet 360

Trench Width 36" Max. Trench Bottom Depth (28") Gravel Depth NA

☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: Pump LP PPBPS

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

Follow Plan Submitted by Rollans Soil & Environmental Services

Approved by ICHD

AS BUILT SKETCH

Poly-Lock Filter

Installed Exactley As Drawn

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: [signature] Date 8-20-10

Improvement Permit by: Judy Melville Date 8-17-10

Authorization to Construct by: Judy Melville Date 8-17-10

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: [signature] ADAN REHS Date: 9-17-10

Existing System Inspected by: ____ Date: ____

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