IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 147401 PIN # 4761 34 7982 DATE January 26, 2011

OWNER or APPLICANT Brazos Dev. PHONE: Business 704-746-6497 Brady Home: 704-201-6532 Terry

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

LOCATION / DIRECTIONS Hwy 21 N TR Wheatfield on left

SUBDIVISION Wheatfield BLOCK / SECTION 1 LOT # 87 LOT AREA .55 ac. DESIGN FLOW 480 gpd L.T.A.R. .3 gpd /ft²

Septic Tank 1000 Gallons: STB 786 Date 9-11-10

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 400

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Reduction Gravity

Repair System Description: LF FPBPS

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ 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

See plan from Michael Athanas & Associates Approved by ICHD

AS BUILT SKETCH

INSTALLED 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 1-27-11

Improvement Permit by: Judy Melville Date 1-26-11

Authorization to Construct by: Judy Melville Date 1-26-11

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ADAN

Operation Permit by: [signature] REHS Date: 3-17-11

Existing System Inspected by: ____ Date: ____

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