IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # ~~14788~~ 14808 PIN # 4761 34 0649 DATE July 29, 2011

OWNER Brazos Dev. APPLICANT: same PHONE: Home/Cell # 704-201-6532 Business #

SITE ADDRESS 182 Wheatfield Dr. OWNER / APPLICANT ADDRESS PO Box 1159 Troutman NC 28166

SITE DIRECTIONS Hwy 21 N TR Oswalt Amity TR Wheatfield on right at end

SUBDIVISION Wheatfield BLOCK / SECTION 1 LOT # 56 LOT AREA .52 Ac. DESIGN FLOW 360 gpd L.T.A.R. .3 gpd/ft²

Septic Tank 1000 Gallons: STB 786 Date 4-7-11

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 5 Linear Feet 305

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: Drip Irrigation

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Plumbing to Septic Tank must be high enough to achieve a gravity system
Install on contour of the ground

INITIAL SITE SKETCH

See Plan by Michael Athanas & Associates Approved by ICHD

AS BUILT SKETCH

Installed As Drawn

Used End-Caps

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 plat valid ~~without expiration~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.

Owner / Applicant Signature: ____ Date 7-29-11 Installed by: ADAN

IMPROVEMENT PERMIT by: Judy Melville REHS Date 7-29-11 OPERATION PERMIT by: ____ REHS Date 9-28-11

AUTHORIZATION TO CONSTRUCT by: Judy Melville REHS Date 7-29-11 Existing System Inspected by: ____ REHS Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant