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 # 171012 PIN # 4763-34-2910 DATE MARCH 7, 2012

OWNER RUBY DIANE QUASPY APPLICANT: SAME PHONE: Home/Cell # c/o 704-883-6148 Business # 704-489-1113

SITE ADDRESS 2406 SALISBURY HWY OWNER / APPLICANT ADDRESS 2406 SALISBURY HWY STATESVILLE, NC 28677

SITE DIRECTIONS US64 E, TR BELK FARM RD, TL SALISBURY HWY, MH ON RIGHT AT BOX # 2406

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 1.359 AC DESIGN FLOW 360 L.T.A.R. EXISTING -4

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 300

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

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

System Description: CONVENTIONAL, GRAVITY

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

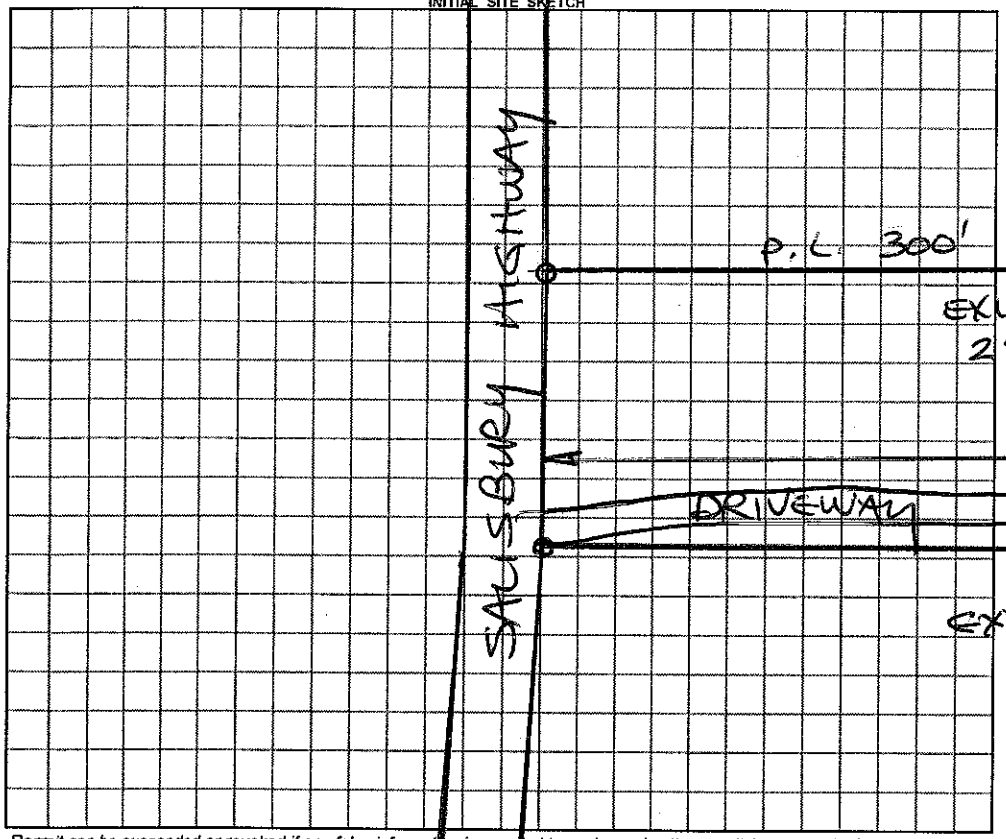
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private WELL ☐ Public ☐ Community

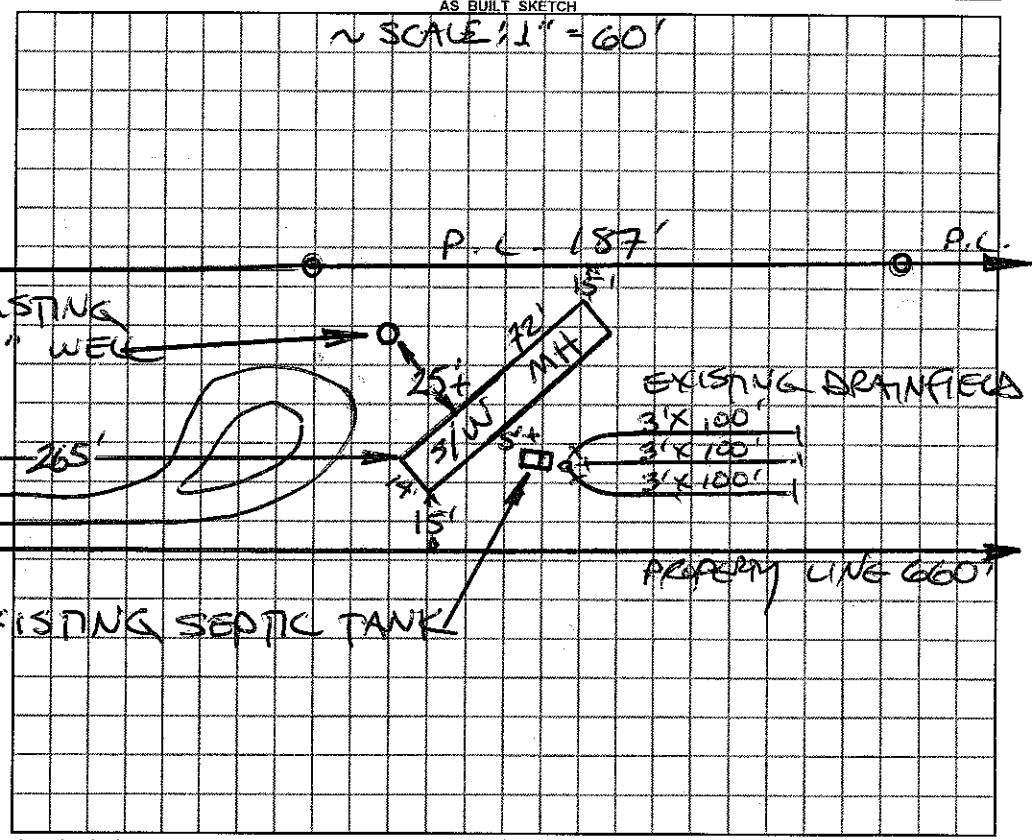
Comments / Conditions

KEEP MH MINIMUM 25' FROM EXISTING WELL, 5' FROM EXISTING SEPTIC SYSTEM AS SHOWN.

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 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: [signature] Date 3-5-12 Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: STEVE HEDRICK ***REHS*** Date 3/7/2012

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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