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 # 173311 PIN # 4765227547 DATE 6-29-12

OWNER Chris Schaper APPLICANT: Bernard Cook PHONE: Home/Cell # 704 386-4665 Business # 229 740-5877

SITE ADDRESS 3416 Cambridge Pl OWNER / APPLICANT ADDRESS 3416 Cambridge Pl Statesville NC 28625

SITE DIRECTIONS East Broad to Brookmeade to Cambridge

SUBDIVISION Brookmeade V BLOCK / SECTION 55 LOT # 113 LOT AREA 1.45 acres DESIGN FLOW 360 gpd L.T.A.R. .4

Septic Tank Existing 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 Existing Max. Trench Bottom Depth Existing Gravel Depth 12"

☐ 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

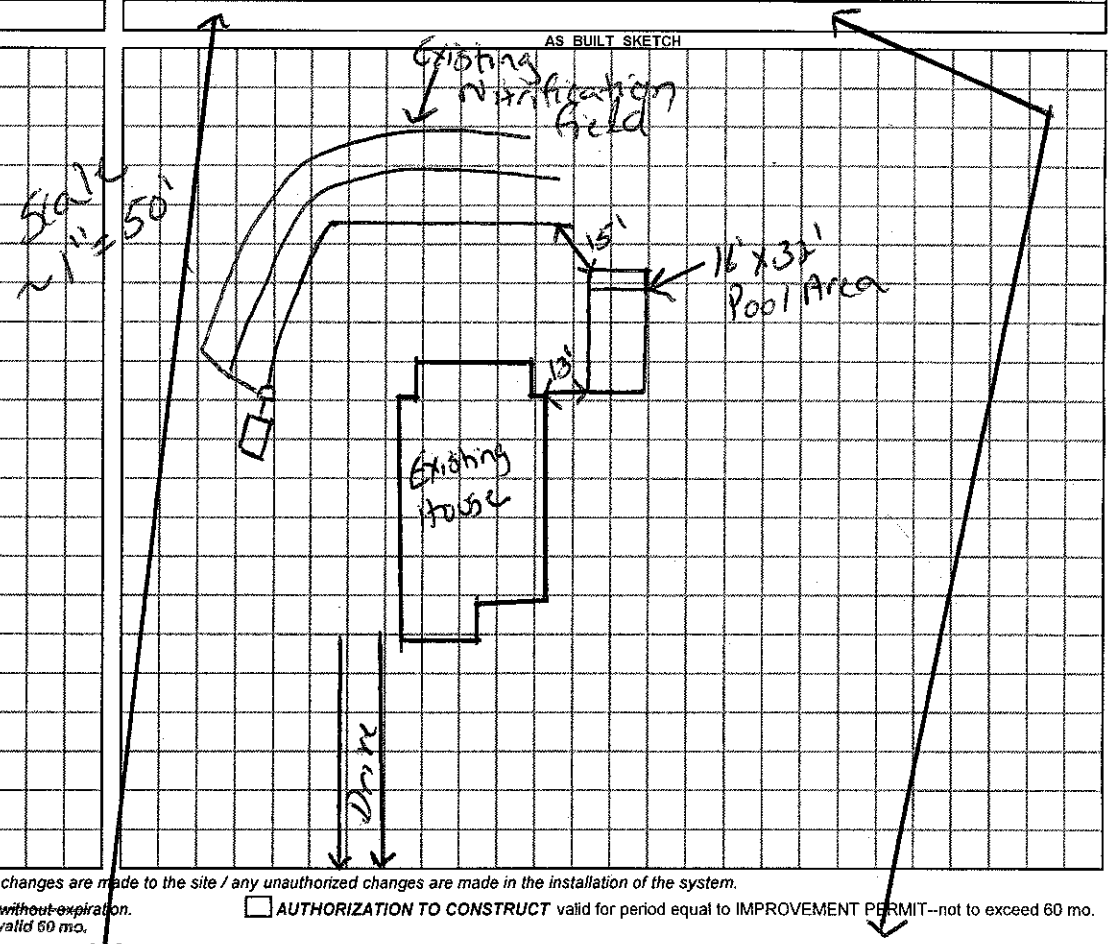
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions

Pool Area is a MINIMUM of 15' From all components of septic tank system

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: ____ Date ____ Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 6-29-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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