IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 154069 PIN # 4775-03-2204 DATE 12-14-08

OWNER or APPLICANT Benjamin Mull PHONE: Business Home: (704) 902-6465

OWNER or APPLICANT ADDRESS 107 Lone Pine Rd

LOCATION / DIRECTIONS 64 E, L LONE PINE, 1st house on left

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 2.35 Acres DESIGN FLOW Existing L.T.A.R. Existing

Septic Tank Existing Gallons: STB Existing Date Existing

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 3 Linear Feet 300

Trench Width Existing Max. Trench Bottom Depth Existing Gravel Depth Existing

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

System Description: gravel gravity

Repair System Description: 25% red. gravity / pump

Maintenance Agreement Required ☐ YES ☑ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 2

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

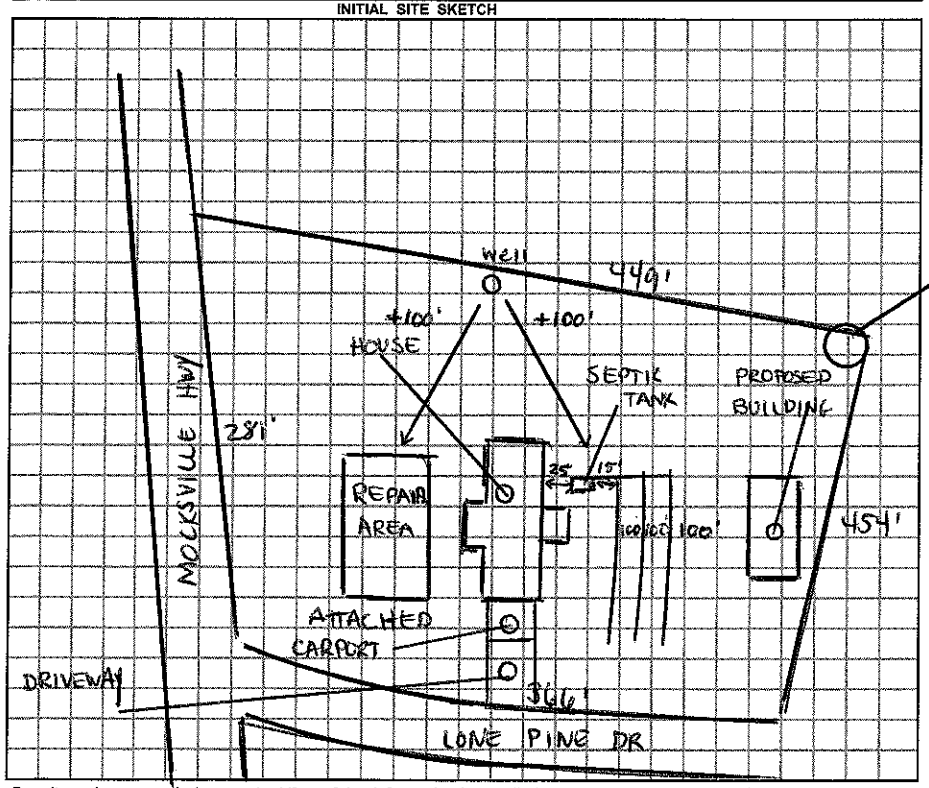
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions: owner can relocate plumbing if required. in front of the residence to achieve gravity. If not, pump will be required. All setbacks shall be maintained.

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 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: Benjamin V. Mull Date 12-15-08

Improvement Permit by: ____ Date ____

Authorization to Construct by: ____ Date ____

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: Kyle Baker EHSI Date: 12/14/08

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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