IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 154370 PIN # 4775 25 2730 DATE 6-3-09

OWNER or APPLICANT Tom Palmer, INC PHONE: Business Home: 704-500-2104

OWNER or APPLICANT ADDRESS Box 2387 Davidson NC 28036

LOCATION / DIRECTIONS 64 E (TL) Sain RD (TL) Spring Forest 2nd lot on right

SUBDIVISION Spring Forest BLOCK / SECTION LOT # 1 LOT AREA .69 DESIGN FLOW 480 L.T.A.R. .25

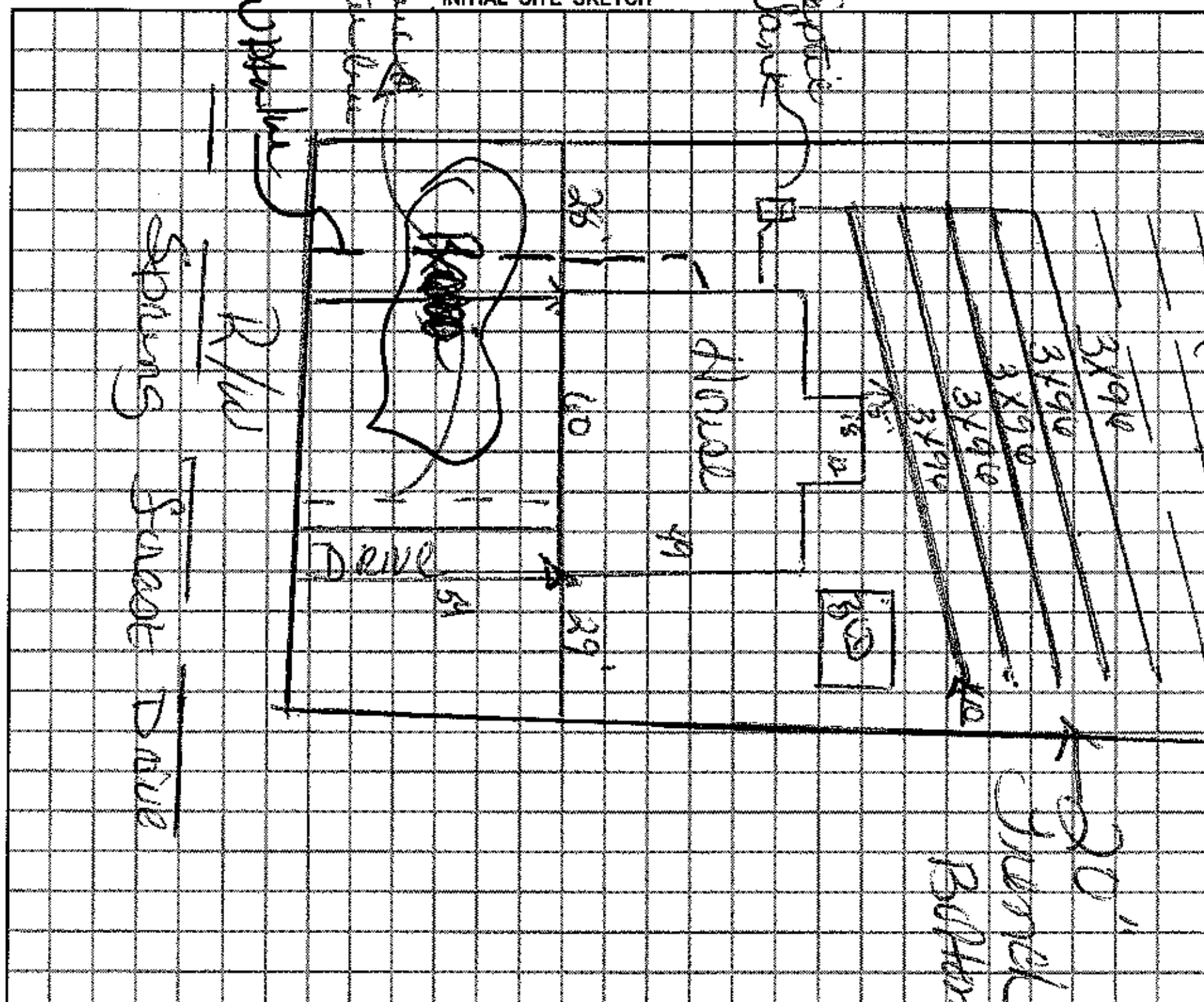
Septic Tank 1000	Gallons: STB 872	Date 1-23-09	☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
Pump Tank	Gallons: P T	Date	System Description 25% Reduction
Pump Make	Model	Serial #	Repair System Description: 25% Reduction Gravity/Bed
Nitrification Field No Fields	No Lines 5	Linear Feet 480	Maintenance Agreement Required ☐ YES ☐ NO
Trench Width 36"	Max. Trench Bottom Depth 20"	Gravel Depth NA	☑ GRAVITY ☐ PRESSURE

☑ Residence	No. Bedrooms 4	Water Supply
☐ Business	No. Persons	☐ Private
☐ Other	No. Employees	☑ Public
☐ Slab	☑ Crawl Space	☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing	

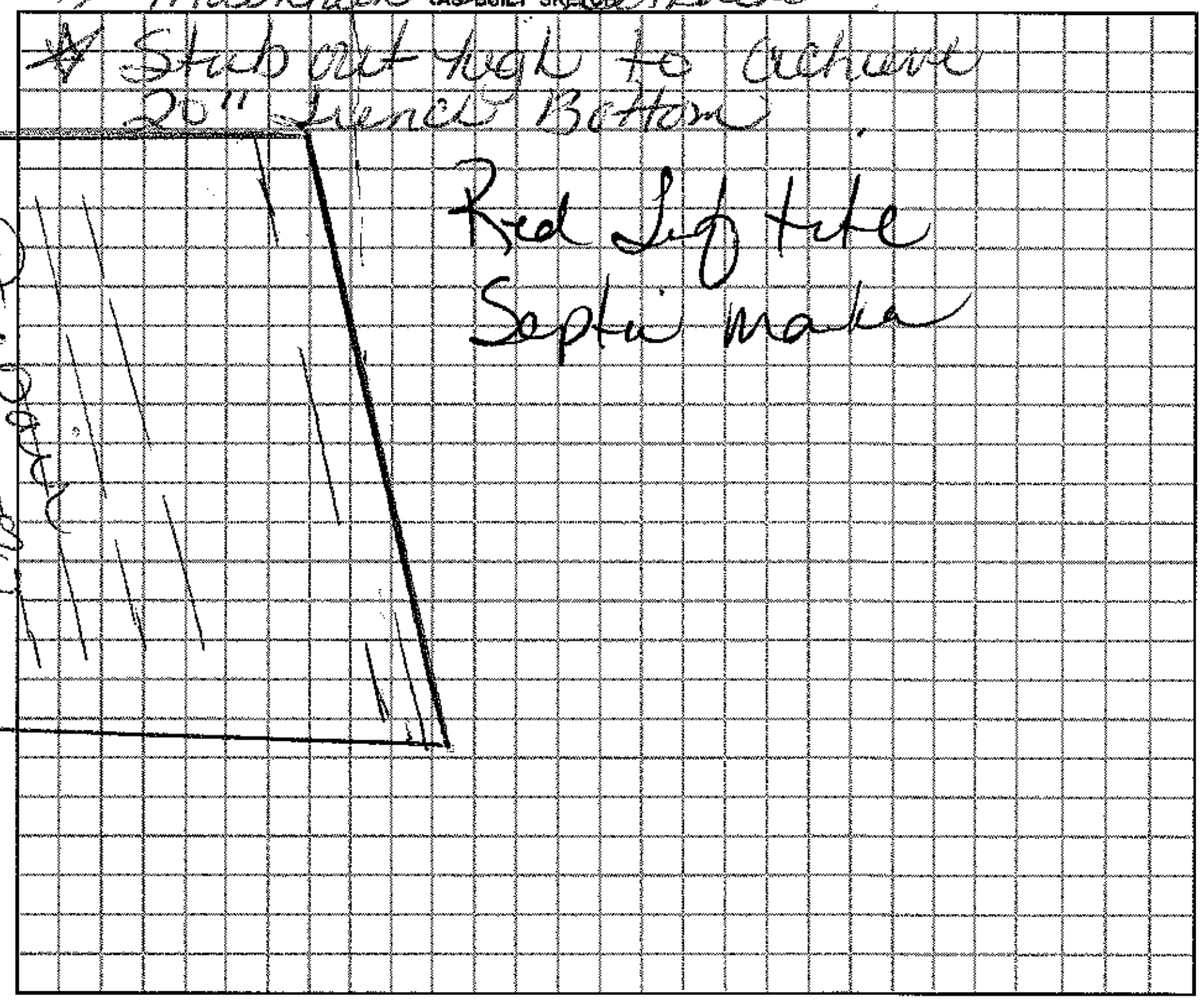
Comments / Conditions
(20) Trench Bottom

Comments / Conditions
* End Cap distribution
* Install on contour
* Maintain all setbacks
* Stub out high to achieve 20" Trench Bottom

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: [signature] Date 6-8-09

Improvement Permit by: [signature] Date 6-3-09

Authorzation to Construct by: [signature], R.S. Date 8 June 09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Lenard McSwain

Operation Permit by: [signature] Date: 10-20-09

Existing System Inspected by: Date:

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