IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15881020 PIN # 4776-81-1628 DATE 6 November 09

OWNER or APPLICANT Bruce Porter PHONE: Business (704) 902-3124 Home: (704) 878-9314

OWNER or APPLICANT ADDRESS 2147 Mocksville Hwy Statesville, N.C.

LOCATION / DIRECTIONS Hwy 64E TL Summer Rd. TR Sagefield Dr. TL Cactus Ln. TL Bluff Ct. 6th to end.

SUBDIVISION Sage Forest BLOCK / SECTION 2 LOT # 17 LOT AREA _____ DESIGN FLOW 360 g/d L.T.A.R. 0.3 g/ft²/d

Septic Tank 1000 Gallons: STB 160 Date 10-19-09

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 300

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N A

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

System Description: 25% Reduction

Repair System Description: 50% Reduction - LPP

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☑ Crawl Space

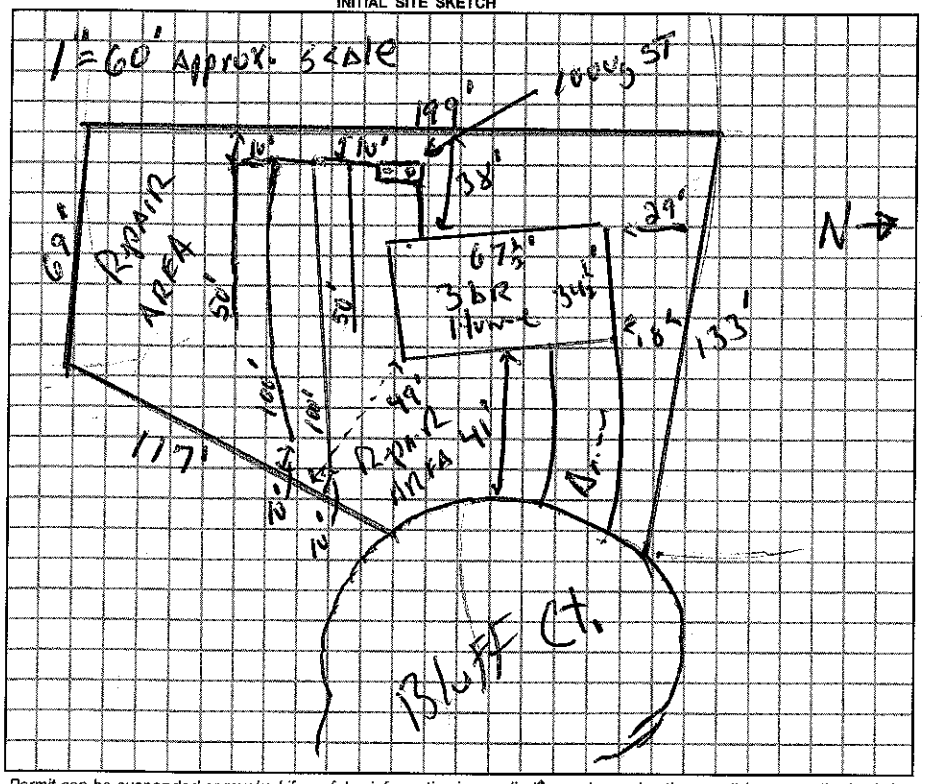
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

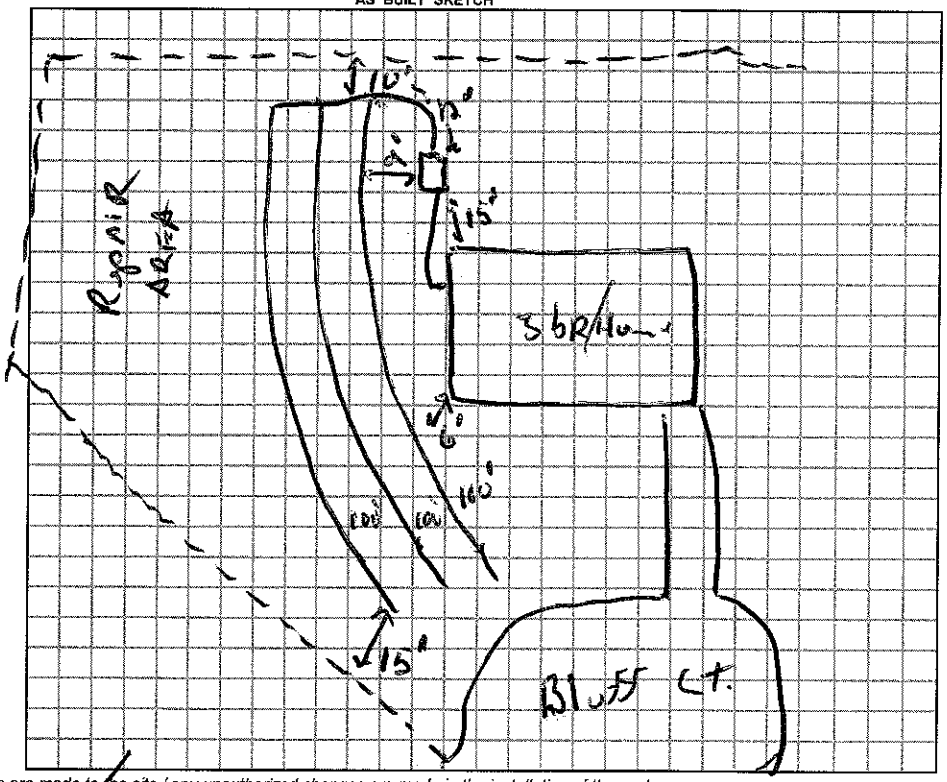
Comments / Conditions: Meet all setback requirements.

Comments / Conditions: ST Num marker / Poly lock

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: Bruce Porter Date 11-10-09

Improvement Permit by: _____, R.S. Date 6 Nov. 09

Authorization to Construct by: _____, R.S. Date 6 Nov. 09

Installed by: Joey Cothren

Operation Permit by: _____, R.S. Date: 14 Apr 10

Existing System Inspected by: _____ 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