IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 160392 PIN # 4776-81-5109 DATE 17 May 10

OWNER or APPLICANT Bruce Porter / WCC, Inc. PHONE: ~~Business~~ Cell (704) 902-3124 Home:

OWNER or APPLICANT ADDRESS P.O. Box 61 Steinhatchee, Fla

LOCATION / DIRECTIONS Hwy 64E TL Swanson Rd. TR Sagefield 2nd on Rt. *120 Sagefield Drive

SUBDIVISION Sage Forest BLOCK / SECTION 2 LOT # 6 LOT AREA 0.5 ac. DESIGN FLOW 360 gpd L.T.A.R. 0.3 gpd/ft²

Septic Tank 1000 Gallons: STB 1000 Date 6-3-10
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 5 Linear Feet 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NK

☑ 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

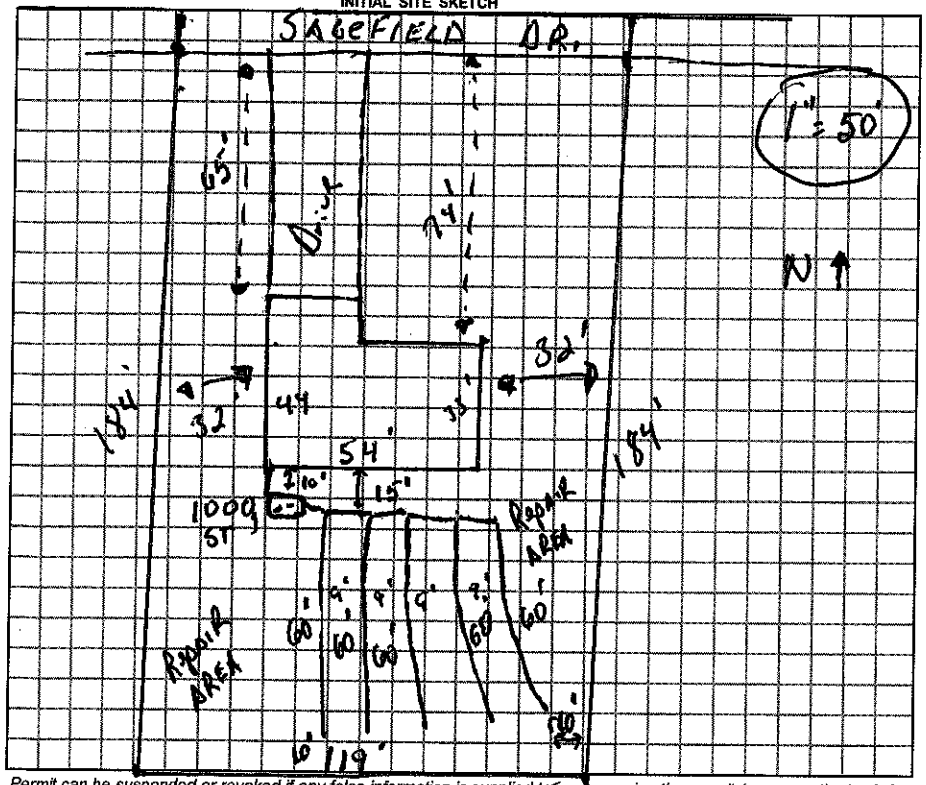
☑ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

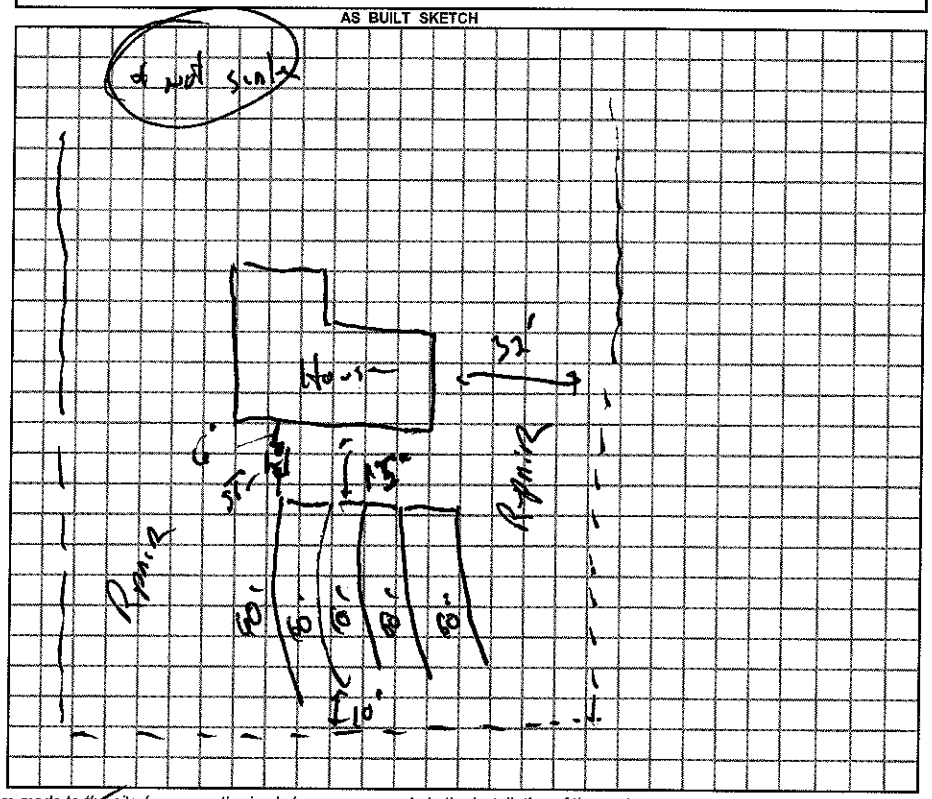
Comments / Conditions: Follow contour / Honor setback requirements.

Comments / Conditions: Poly lock Filter

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 5-21-10

Improvement Permit by: _____, R.S. Date 17 May 10

Authorization to Construct by: _____, R.S. Date 17 May 10

Installed by: Johnny Cothran & Sons

Operation Permit by: _____, R.S. Date: 26 Aug 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