IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 166502 PIN# 4776-81-6804 DATE 6-3-11

OWNER OR APPLICANT Bruce Porter PHONE: Business _____ Home 704-902-3124

ADDRESS 121 Cactus Lane

LOCATION 64E, (L) Simms Rd, (R) Sagefield Dr; (L) Cactus Lane; site on corner of Cactus & Blk on (R)

SUBDIVISION Sage Forest II BLOCK / SECTION II LOT 13 LOT AREA .811 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 160 Date 6-16-4

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

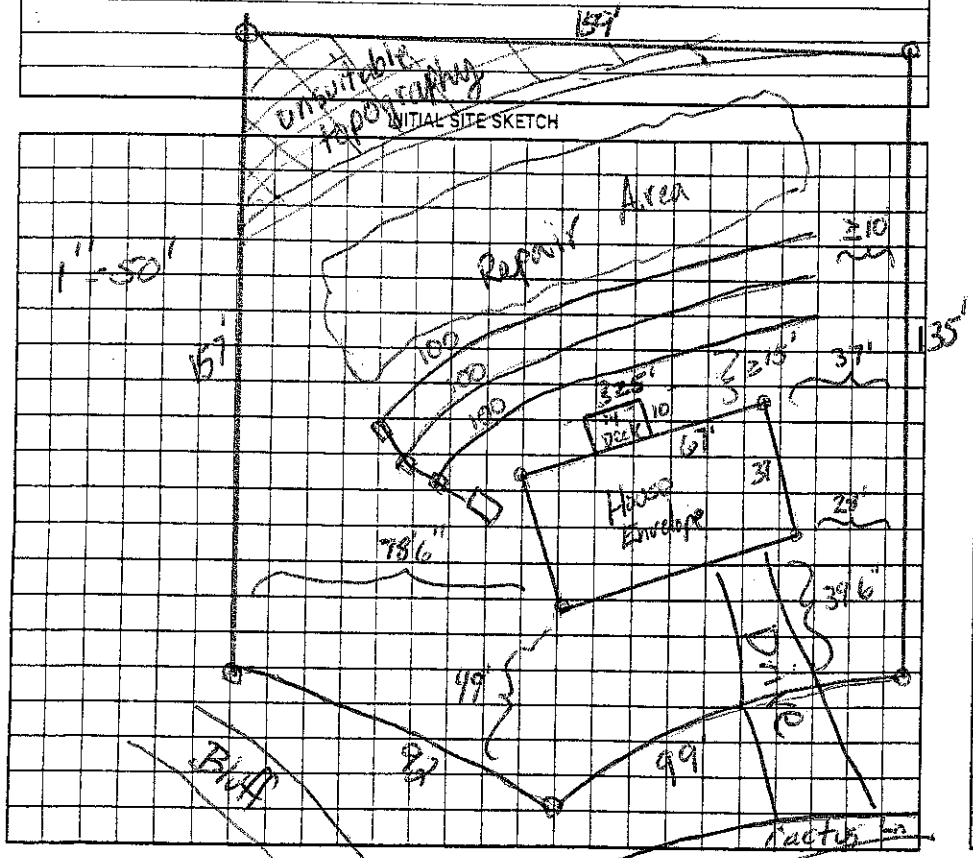
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☐ Individual ☑ Public ☐ Community

☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

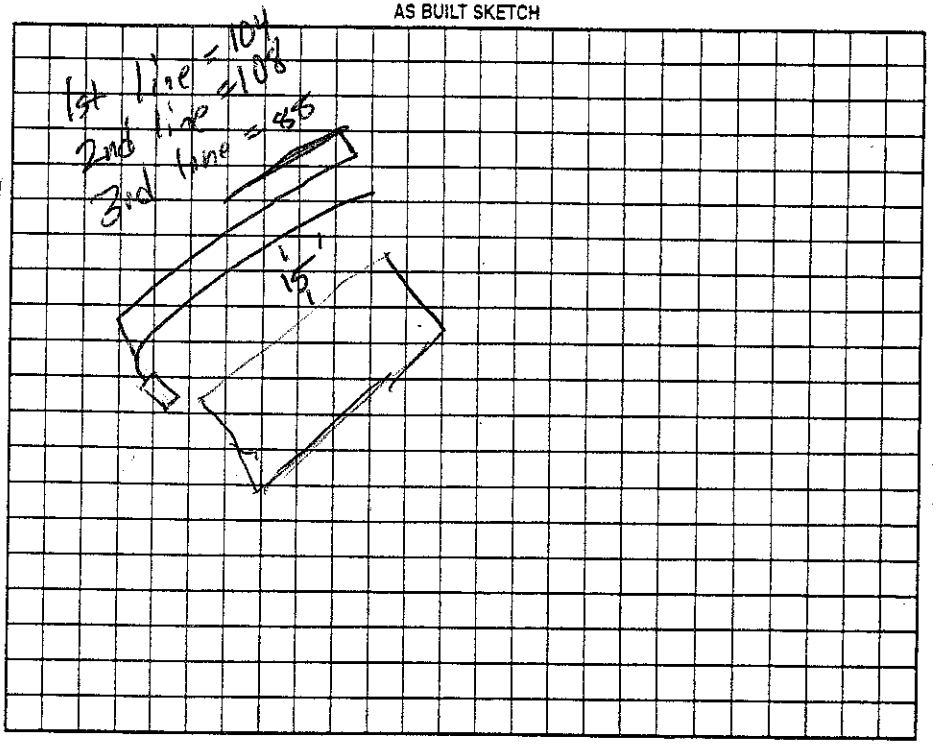
INITIAL SITE SKETCH



Comments:/Conditions:

Red Flag

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 site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Bruce Porter date 6-6-11

Improvement Permit by: _____ date 6-3-11

Authorization to Construct by: _____ date 6-3-11

Installed by: Cathey & Son

Operation Permit by: _____ date 9-12-11

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK