1130

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH*

☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 1163235 PIN # 4776818400 DATE 10-12-10

OWNER Bruce Porter APPLICANT: PHONE: Home/Cell # 704 902 3124 Business # 704 878 9314

SITE ADDRESS 129 Sagefield OWNER / APPLICANT ADDRESS 2143 Mocksville Hwy

SITE DIRECTIONS 64 East, Turn (L) on Swan Rd. (R) on Sagefield Dr, at end on (L)

SUBDIVISION Sage Forest BLOCK / SECTION II LOT # 9 LOT AREA .6 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1100 Date 9-1-10

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 6 Linear Feet 500'

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 Gravity

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

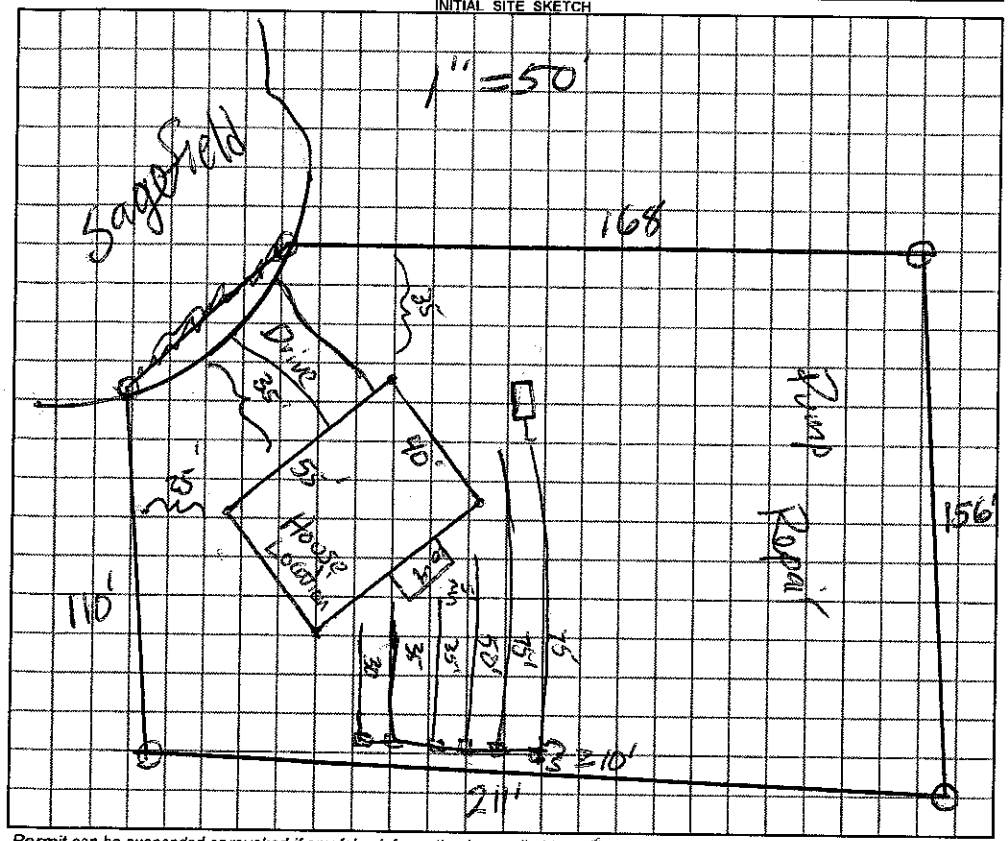
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

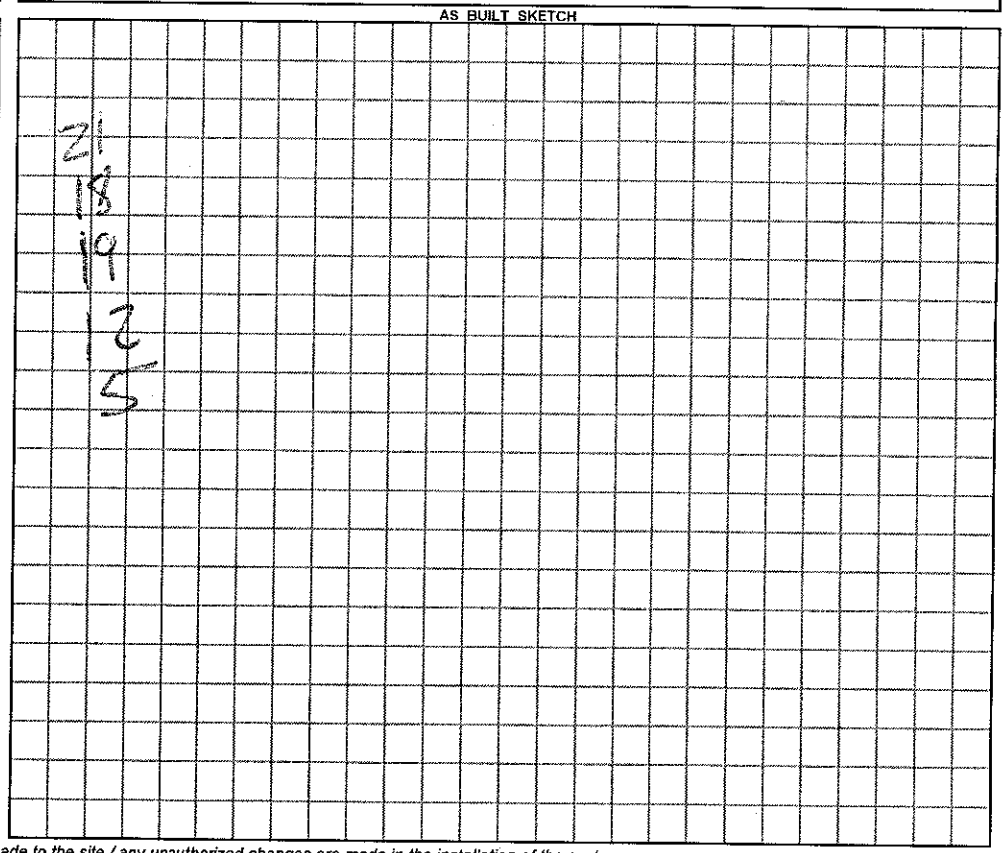
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

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*** *with plat valid without expiration.* ☒ ***IMPROVEMENT PERMIT*** *with plat valid without expiration.* site plan valid 60 mos.

☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Bruce Porter Date 10-12-10 Installed by: Culver & Sons

IMPROVEMENT PERMIT by: REHS Date 10-12-10 OPERATION PERMIT by: REHS Date 1-7-11

AUTHORIZATION TO CONSTRUCT by: REHS Date 10-12-10 Existing System Inspected by: REHS 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