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 # 163760 PIN # 4777-93-2512 DATE 18 November 10

OWNER Marlene Thrie APPLICANT: PHONE: Home/Cell # 704-878-9199 Business #

SITE ADDRESS 644 Cool Springs Rd. OWNER / APPLICANT ADDRESS

SITE DIRECTIONS Hwy 64E TL Cool Spring Rd Cross I-40 - Intersection Rt - 1st house Ferguson rd.

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 0.55Ac. DESIGN FLOW Exist L.T.A.R. Exist

Septic Tank Exist. Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

No. Nitrification Fields: No. Lines Linear Feet Exist

Trench Width Exist. Max. Trench Bottom Depth Exist Gravel Depth Exist.

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

System Description: Exist. Convent. Gravity Gravel Trench

Repair System Description:

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons No. Employees ☑ Crawl Space ☑ Basement w/o plumbing

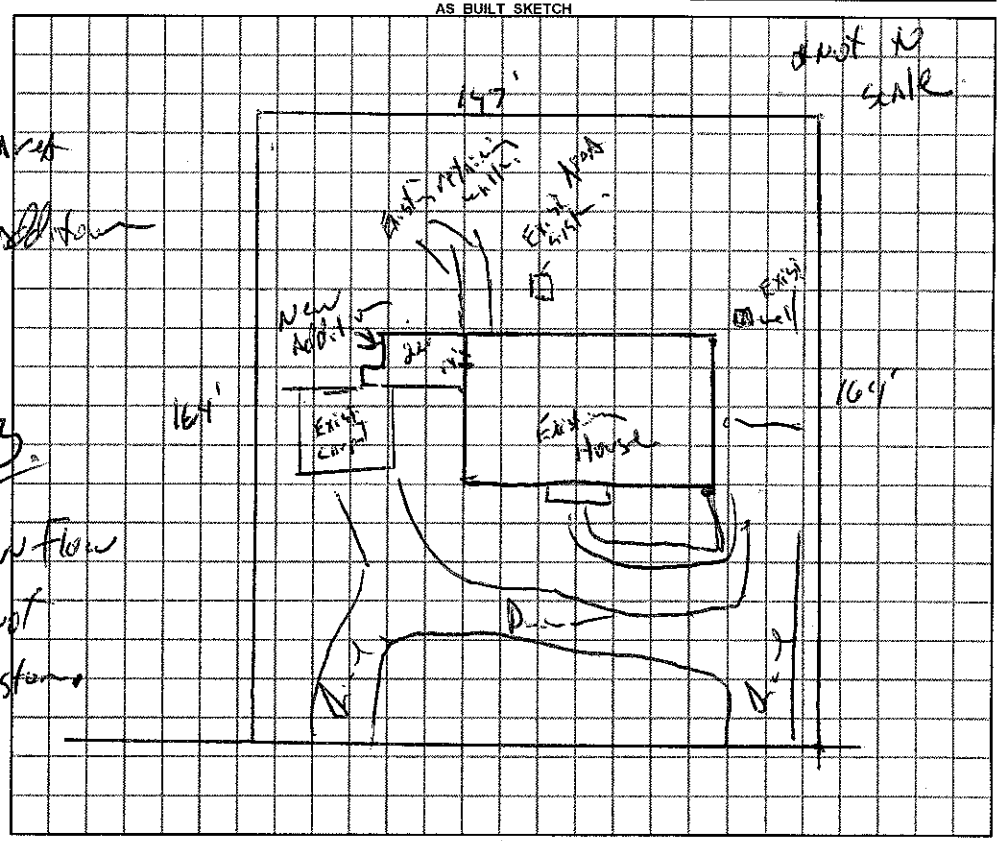
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions

INITIAL SITE SKETCH

* Existing bedroom converted to living Area AND new bedroom addition Attached to house TOTAL bedrooms will still equal 3. No increase in design flow And addition will not impact the existing system.

AS BUILT SKETCH



Permit can be suspended or revoked if 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. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Marlene Thrie Date 11/18/2010 Installed by:

IMPROVEMENT PERMIT by: ***REHS*** Date

AUTHORIZATION TO CONSTRUCT by: ***REHS*** Date

OPERATION PERMIT by: ***REHS*** Date

Existing System Inspected by: ***REHS*** Date 18 Nov. 10

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant