IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (Q) MOORESVILLE 704-664-5281

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

PERMIT # 159103 PIN # 4774-~~75-3812~~ 66-9894 DATE 12-8-09

OWNER or APPLICANT Raymond Bruce PHONE: Business 704 902 1394 Home:

OWNER or APPLICANT ADDRESS 457 Shaw Rd.

LOCATION / DIRECTIONS 21N, (R) on Mt Bethel Rd (L) on Shaw Rd, site ½ mi on right.

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 2.192 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 1012 Date 7-27-09

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 3 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 Gravity

Repair System Description: 25% Reduction Gravity

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

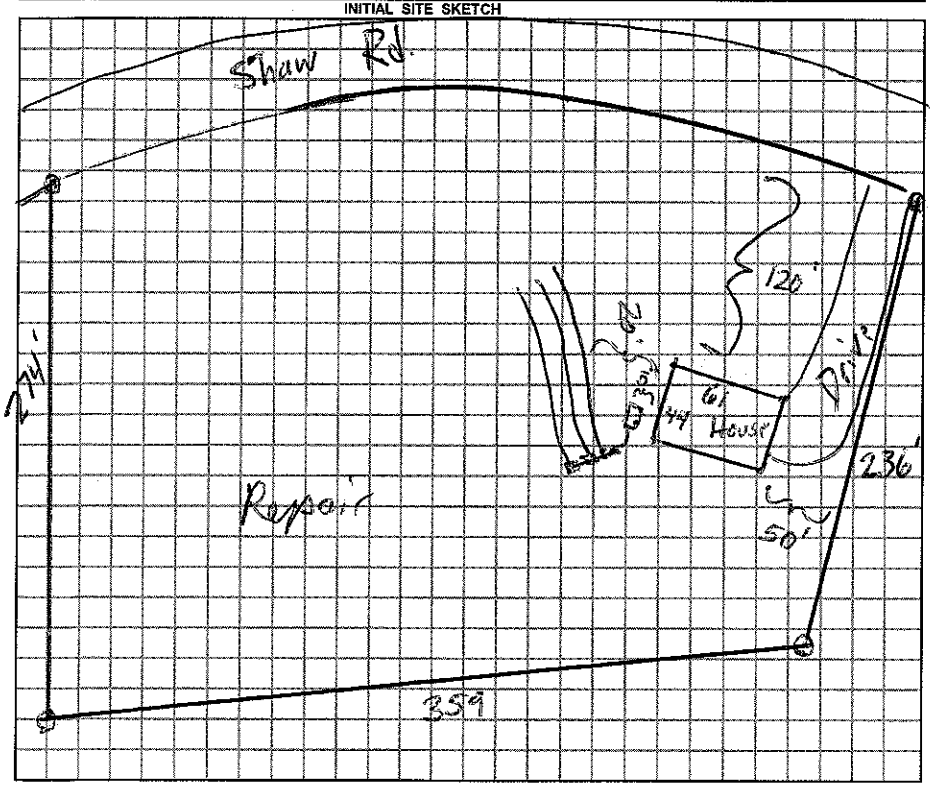
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions

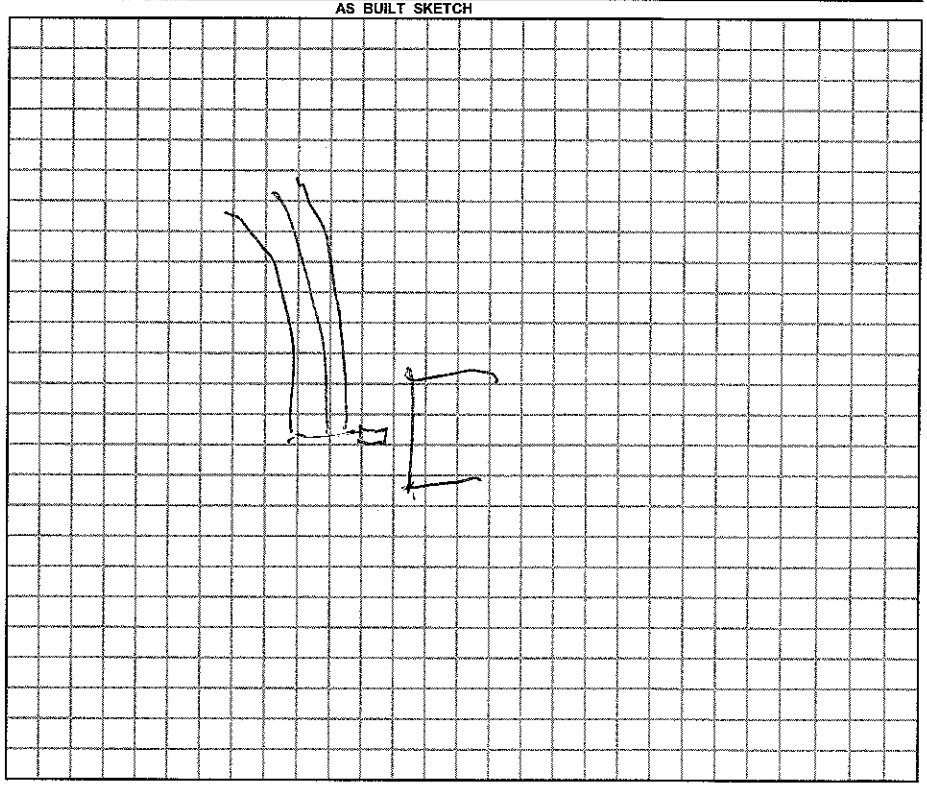
1" = 100' (3) 3' x 100' lines (3) drop boxes

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 w / plan 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: [signature] Date 12-9-09

Improvement Permit by: [signature] Date 12-8-09

Authorization to Construct by: [signature] Date 12-8-09

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Tony Frye

Operation Permit by: [signature] Date: 9-1-10

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant