IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152247 PIN# 4784099744 DATE 9/9/08

OWNER OR APPLICANT Robert Waugh PHONE: Business 704.878.0117 Home 704.585.6757

ADDRESS 135 Wild Rabbit Spencer Point, NC 28678

LOCATION I-40 E, ~~SR~~ to Hwy 64 E, TR Burr oak, TR Elmwood, TL Dead wood, at end

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.34 acres SITE CLASS. P. S. DESIGN FLOW 240 gal/d L.T.A.R. 0.2

Septic Tank: 1000 Gallons: STB 212 Date 3/24/01

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 24"

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

System Description: existing gravity conventional

Repair System Description: 25% gravity

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth 12" ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms 2

☒ Mobile Home No. Persons ____

☐ Business No. Employees ____

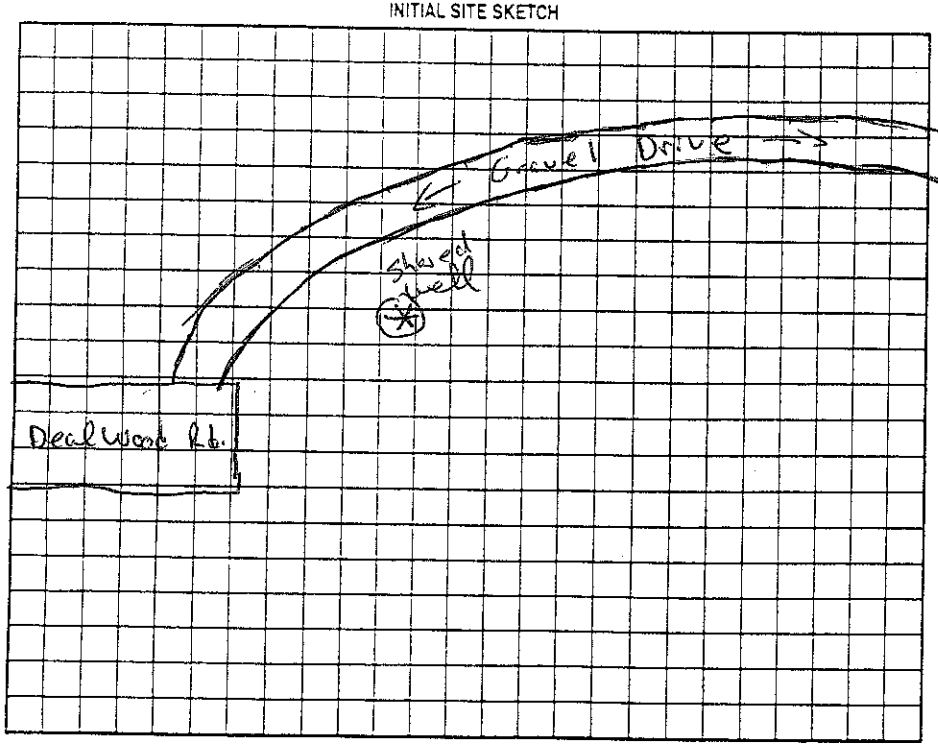
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

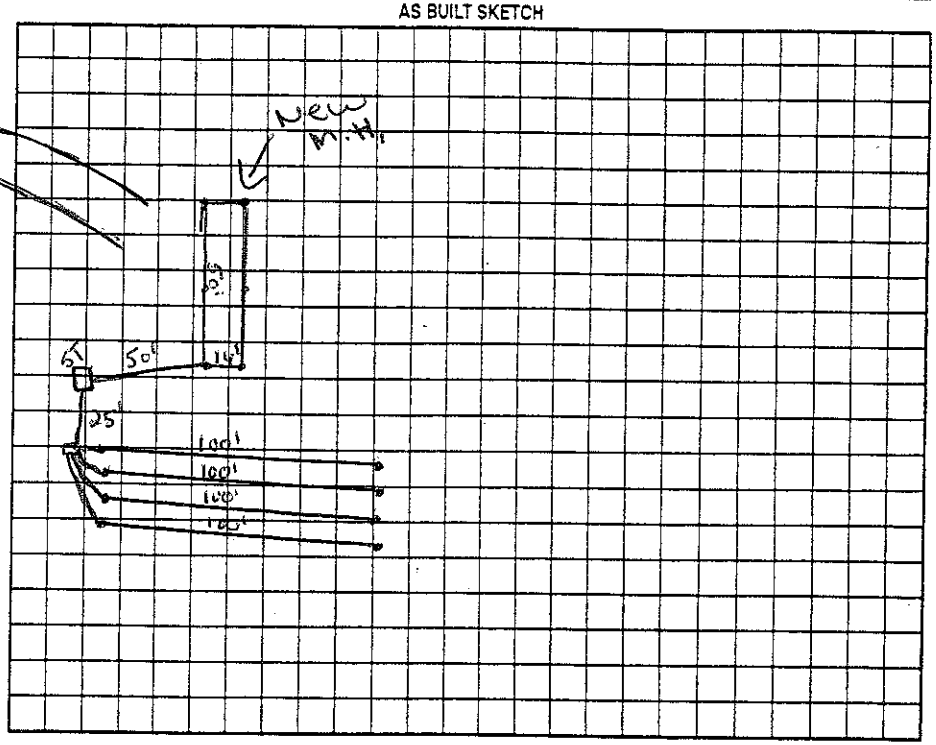
Comments:/Conditions: * - place mobile home within foot print of previous mobile home

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 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: [signature] date 9-12-08 Installed by: ____

Improvement Permit by: ____ date ____ Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: [signature] date 9/9/08

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