IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 160531 PIN # 4785-00-6603 DATE 5-11-10

OWNER or APPLICANT Emily Adkins PHONE: Business 704 873 2547 Home:

OWNER or APPLICANT ADDRESS 187 Elmwood Rd

LOCATION / DIRECTIONS 64E; (R) on Barry @ Oak Rd; (R) onto Elmwood Rd; Lot behind 179 Elmwood

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

EX.

Septic Tank 1000 Gallons: STB 794 Date 9-26-04
Pump Tank Gallons: P T Date
Pump Make Model Serial #
Nitrification Field No Fields 1 No Lines 6 Linear Feet 640
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: Conventional Gravity
Repair System Description: 25% Reduction / Pump
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

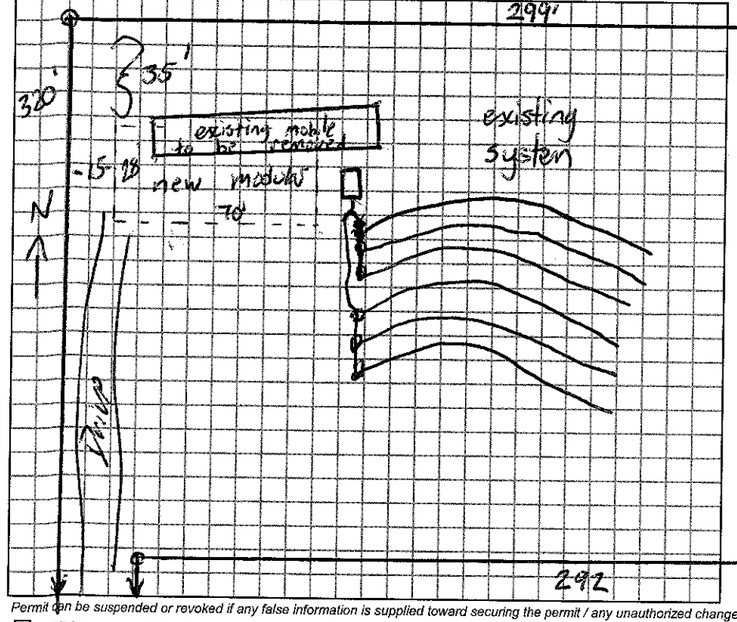
☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☒ Public
☐ Community

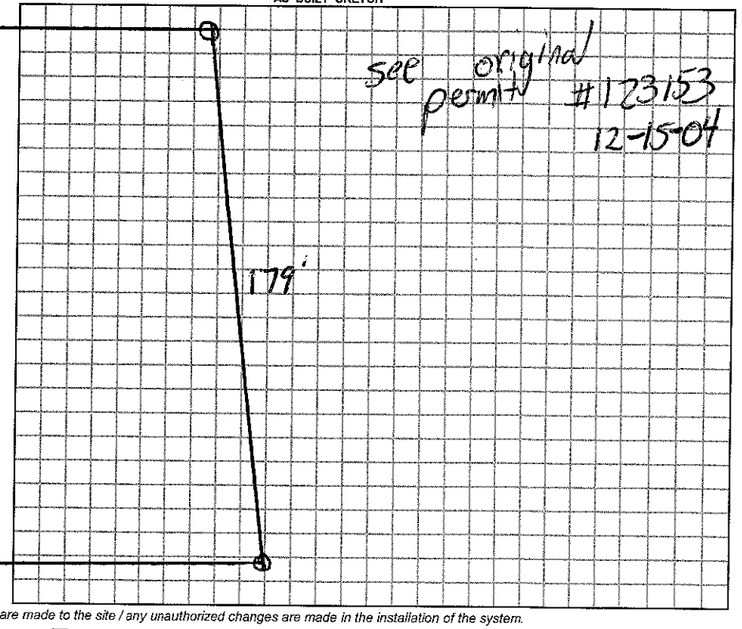
Comments / Conditions

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 / plat 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 [redacted] Date 5/13/10

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: Specialty Septic

Operation Permit by: [redacted] Date: [redacted]

Existing System Inspected by: [redacted] Date: 5-11-10

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