IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 133023 PIN# 4718584~~4075~~ 48182 DATE 1-17-06

OWNER OR CONTRACTOR Larry Swicegood PHONE: Business ________ Home 704-873-8355

ADDRESS 2655 Steele RD Cleveland NC 27013

LOCATION 64E TR Bailey Oak RD - Just before Countyline on Right beside 912 Bailey Oak RD

SUBDIVISION ________ BLOCK / SECTION ________ LOT # ________ LOT AREA ________ SITE CLASS. PS DESIGN FLOW 280 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 1012 Date 7-8-05
Pump Tank: ________ Gallons; PT ________ Date ________
Pump Make: ________ Model ________ Serial No. ________
Nitrification Field: No Fields ____ Square Feet 1400 Linear Feet 350
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: II, III, IV, V, VI
System Description: 25% Gravity
Repair System Description: LPP
Maintenance Agreement Required: ☐ Yes ☐ No

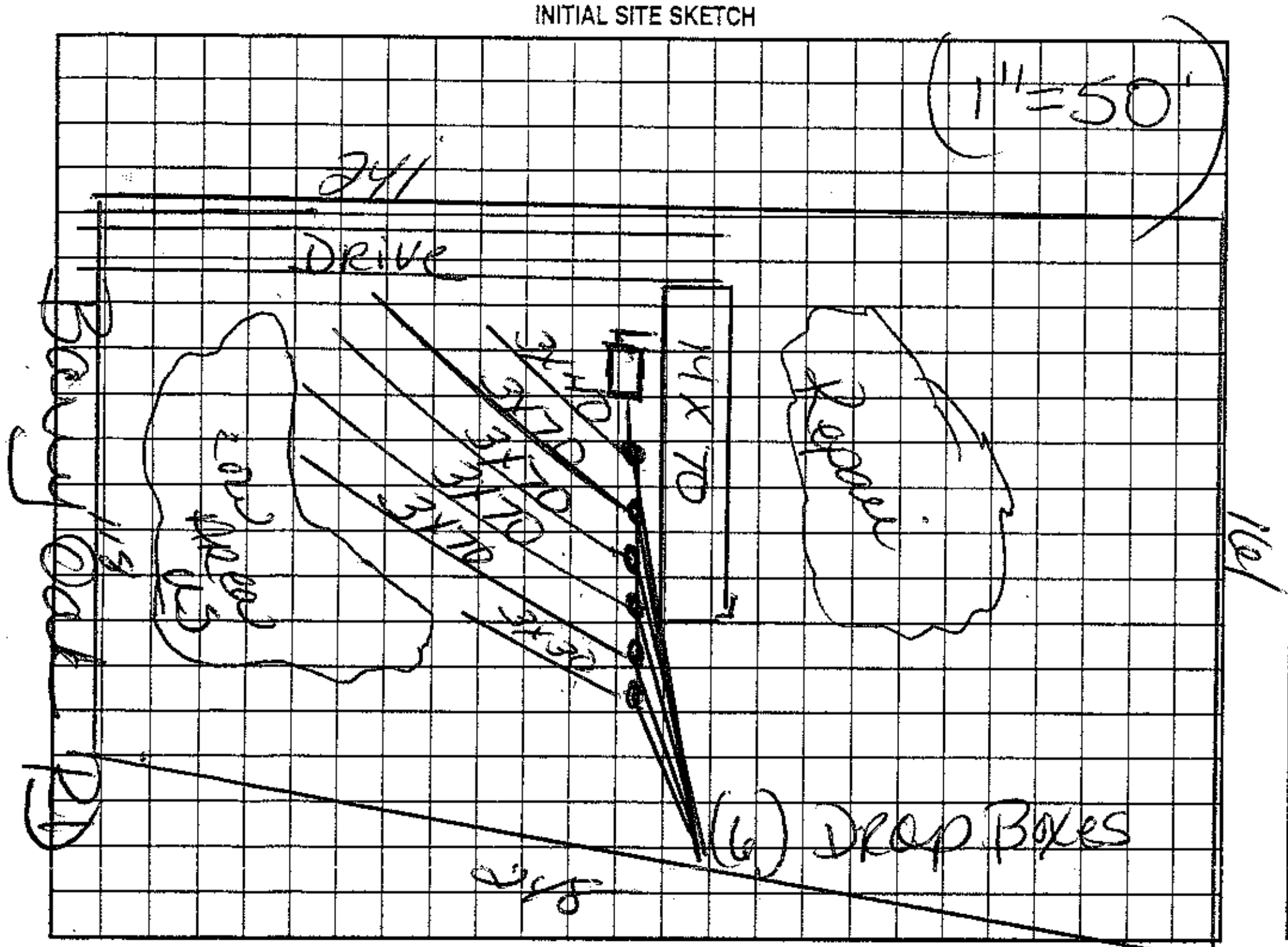
☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other ________
No. Bedrooms 2 No. Bathrooms ____ No. Employees ____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

Comments:/Conditions:
Install on contour
maintain all setbacks

Comments:/Conditions:
[illegible]

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: X [signature] X date 2-16-06 Installed by: A-1 [illegible]

Improvement Permit by: Kelly J Cook date 2-16-06 Operation Permit by: Kelly J Cook date 2-27-06

Authorization to Construct by: Kelly J Cook date 2-16-06 Existing System Inspection by: ________ date ________

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