IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 196501 PIN# 4786132963 DATE 11-12-07

OWNER OR APPLICANT American Home Place PHONE: Business 704-664-5800 Home ______

ADDRESS 168-D Norman Drive Station Boulevard

LOCATION 64E @ Fifth Creek @ Gaines, Vacant lot of Corner Blueberry Hill

SUBDIVISION Blueberry Hill BLOCK / SECTION ______ LOT 25 26 LOT AREA 3.75 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 8-6-03
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 535
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12" ☐ Gravity ☐ Pressure

☐ New System ☐ Repair ☐ Expansion System Type: (II) III IV V VI
System Description: Conventional Gravity
Repair System Description: Conventional Gravity
Maintenance Agreement Required: ☐ Yes ☐ No

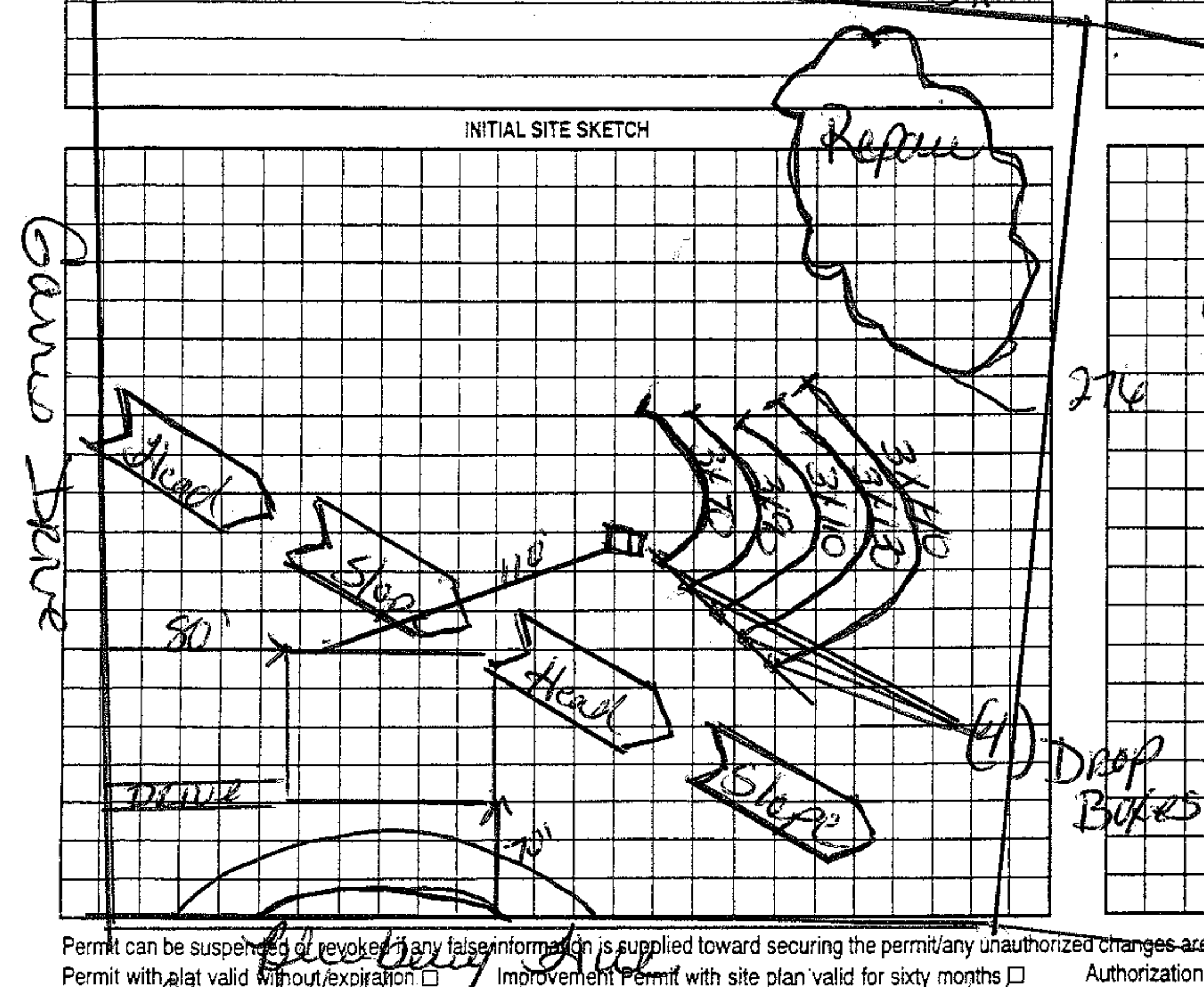
☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other ______
No. Bedrooms 4 No. Persons 3 No. Employees ______

Water Supply: ☐ Individual ☑ Public ☐ Community

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

Continue outlet w/ solid pipe through Head Slop - Backfill to accomodate Gravity fed Alocation

Lot #25

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 12/6/07

Installed by: ______

Improvement Permit by: ______ date ______

Operation Permit by: ______ date ______

Authorization to Construct by: ______ date ______

Existing System Inspection by: [signature] date 12/7/07

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