IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (a) MOORESVILLE 704-664-5281 A

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

PERMIT # 160969 PIN # 4800-85-8433 DATE 6-8-10

OWNER or APPLICANT Arthur Chanel PHONE: Business 704 677 4942 Home:

OWNER or APPLICANT ADDRESS 590 Cattleman's Rd.

LOCATION / DIRECTIONS 115 N to Redmond's Central Store; left 1 mile on Mountain View, (L) on Cattleman's, prop on Right.

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 1.62 Ac. DESIGN FLOW 360 L.T.A.R. -3'

Septic Tank 1000 Gallons: STB 794 Date 6-14-10
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Field No Fields 1 No Lines 3 Linear Feet 133'
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: Conventional Gravity
Repair System Description: Conventional Gravity
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

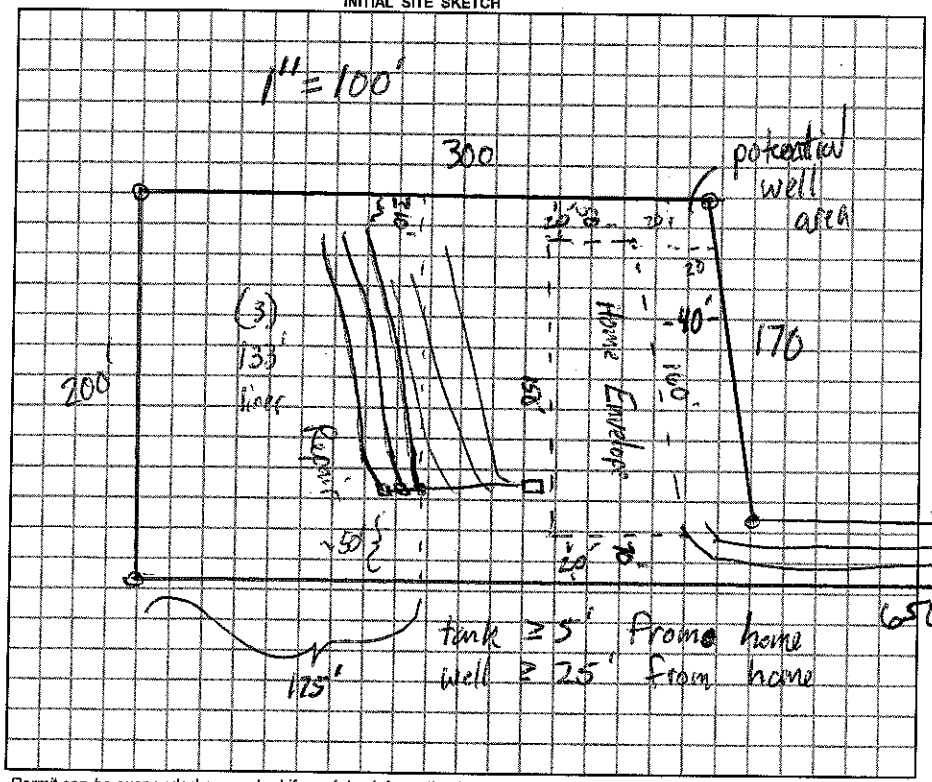
☒ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private NEW ☐ Public ☐ Community

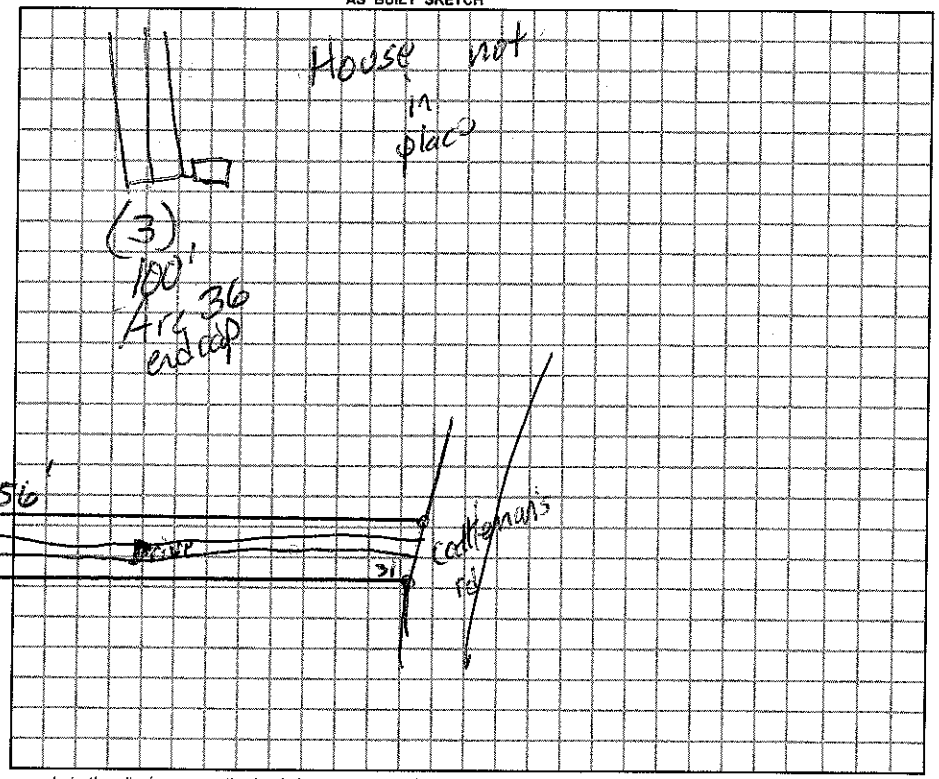
Comments / Conditions
An approved system may also be used

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: Arthur N Chanel Date 6-9-10

Improvement Permit by: ____ Date 6-8-10

Authorzation to Construct by: ____ Date 6-8-10

Installed by: Richard Abernathy

Operation Permit by: ____ Date: 10-15-10

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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