IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 1328120 PIN# 4803643361 5361 DATE 12-29-05

OWNER OR CONTRACTOR Wayne M. Howell PHONE: Business ______ Home 704-624-7018

ADDRESS Box 2428 Pensacola FL 32513

LOCATION 27 N - East 65 TL on 901 - TR 115 TR Linney Mill RD TR Bashus Grove - 1st before Church

SUBDIVISION Brushy Mtn Acr BLOCK / SECTION ______ LOT 13 LOT AREA 8.97 AC SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .2

Septic Tank: 1000 Gallons; STB 1000 Date 12-29-05
Pump Tank: ______ Gallons; PT ______ Date ______
Pump Make: ______ Model ______ Serial No. ______
Nitrification Field: No Fields ______ Square Feet 1600 Linear Feet 535
No Lines 8 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Conv. - Gravity
Repair System Description: Conv. - Gravity
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

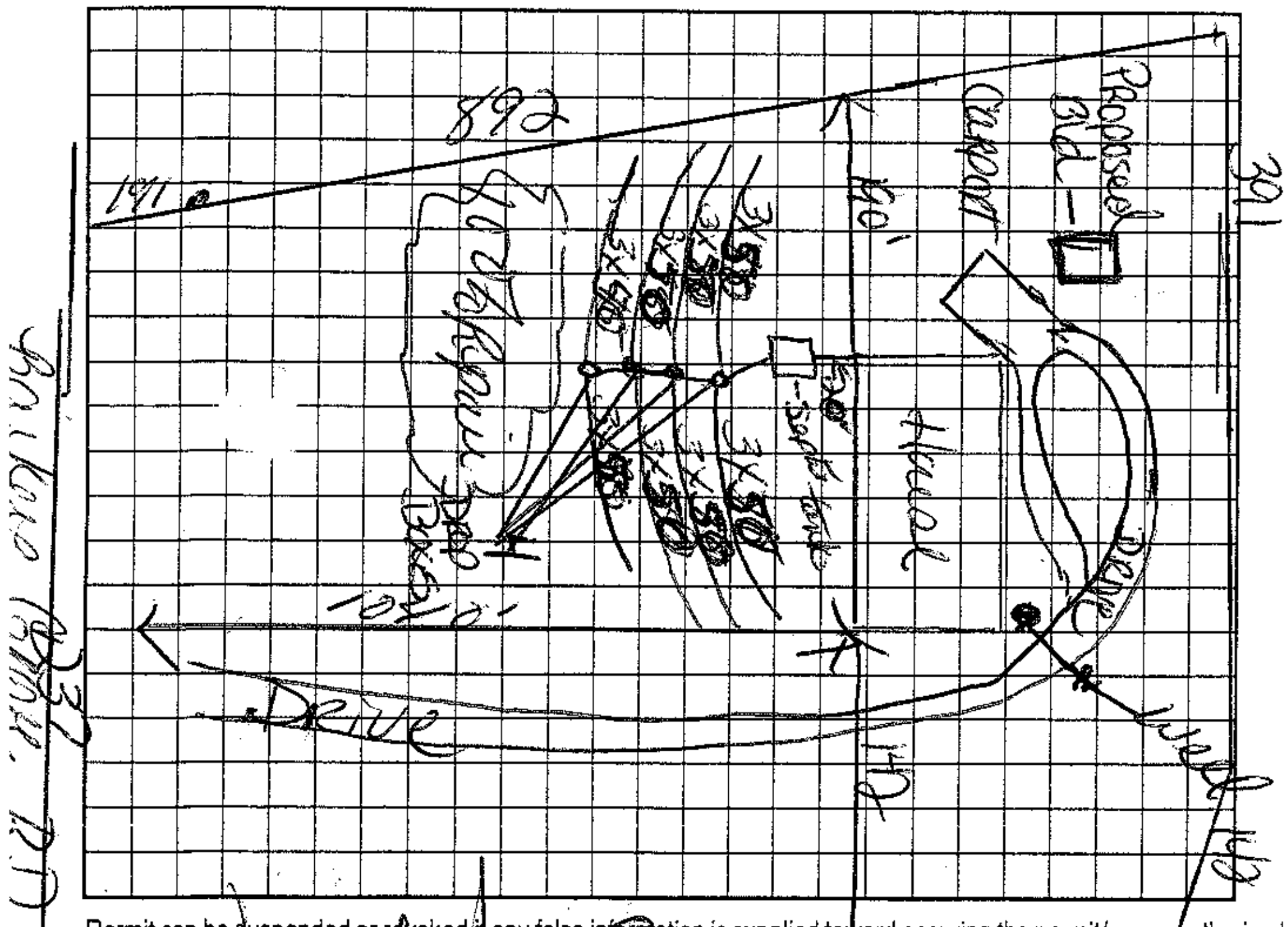
☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms ______
☐ Business No. Employees ______
☐ Other ______

Water Supply:
☑ Individual
☐ Public
☐ Community

Comments:/Conditions:
(Not to scale)

Comments:/Conditions:
Install on contour
Maintain all setbacks
Yellow Tuf-Tite filter
Septic tank make installer

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: Wayne M. Howell date ______ Installed by: A-1 Backhoe
Improvement Permit by: Kelly Cook date 12-29-05 Operation Permit by: Kelly Cook date 6-7-06
Authorization to Construct by: Kelly Cook date 12-29-05 Existing System Inspection by: ______ date ______

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