IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT (N), OPERATION PERMIT (I) / EXISTING SYSTEM INSPECTION

PERMIT # 171840 PIN # 4820201803 DATE 4-20-12

OWNER Rusty Ray APPLICANT: PHONE: Home/Cell # 704-528-7960 Business #

SITE ADDRESS 129 Mohler OWNER / APPLICANT ADDRESS 129 Mohler

SITE DIRECTIONS 115N to (R) on Wilson Farm, (L) on Hicks, (L) on Mohler. at end in Field.

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 1.37 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB 760 Date 9-30-

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet 300

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: 25% Reduction Gravity

Repair System Description: 25% Reduction Gravity

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

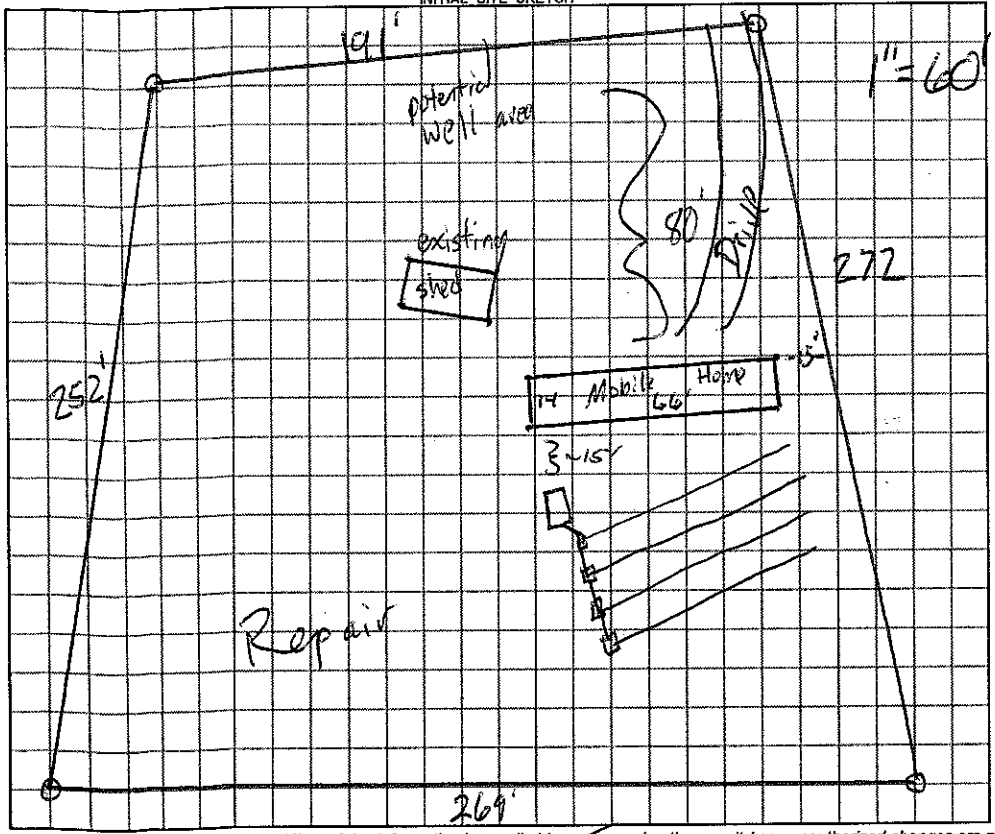
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

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*** *with plat valid without expiration.* ☒ ***IMPROVEMENT PERMIT*** *with plat valid without expiration. Site plan valid 60 mo.* ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Danny Gallihar Date 4-20-12 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: REHS Date 4-20-12 OPERATION PERMIT by: REHS Date 4-24-12

AUTHORIZATION TO CONSTRUCT by: REHS Date 4-20-12 Existing System Inspected by: REHS Date ____

I SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant