IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 122178 PIN# 4812-95-8923 DATE 7-7-04

OWNER OR CONTRACTOR JOHN CHILDERS PHONE: Business 704 516-9272 Home 704-608-7205

ADDRESS 1107 LAURELWOOD PL LENOIR NC 28645

LOCATION 115 N (L) COOLBROOK PROPERTY ON LEFT ACROSS FROM 188 COOLBROOK RD.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 9.48 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.3 gpd/ft²

Septic Tank: 1000 Gallons; STB 1012 Date 8-2-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 32" Gravel Depth 12"

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

☑ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____

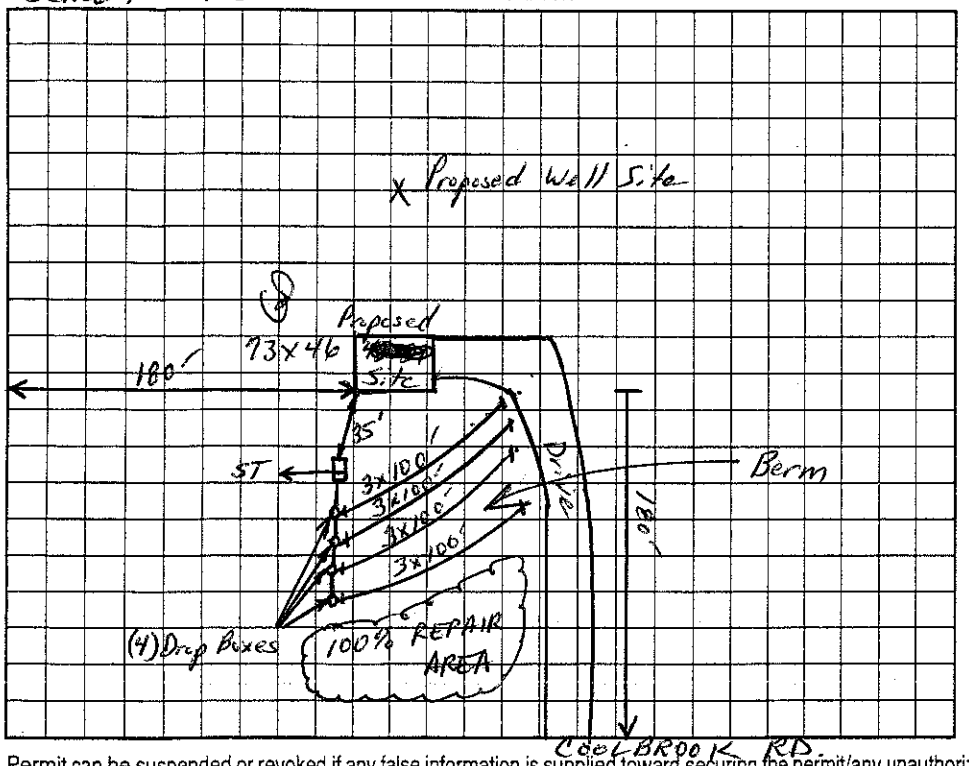
Water Supply: ☑ Individual ☐ Public ☐ Community WELL

Comments/Conditions: (1) Install lines 32" on contour (2) Maintain all setbacks (3) Must grade down berm on lower side of system (4) Driveway may go on left side

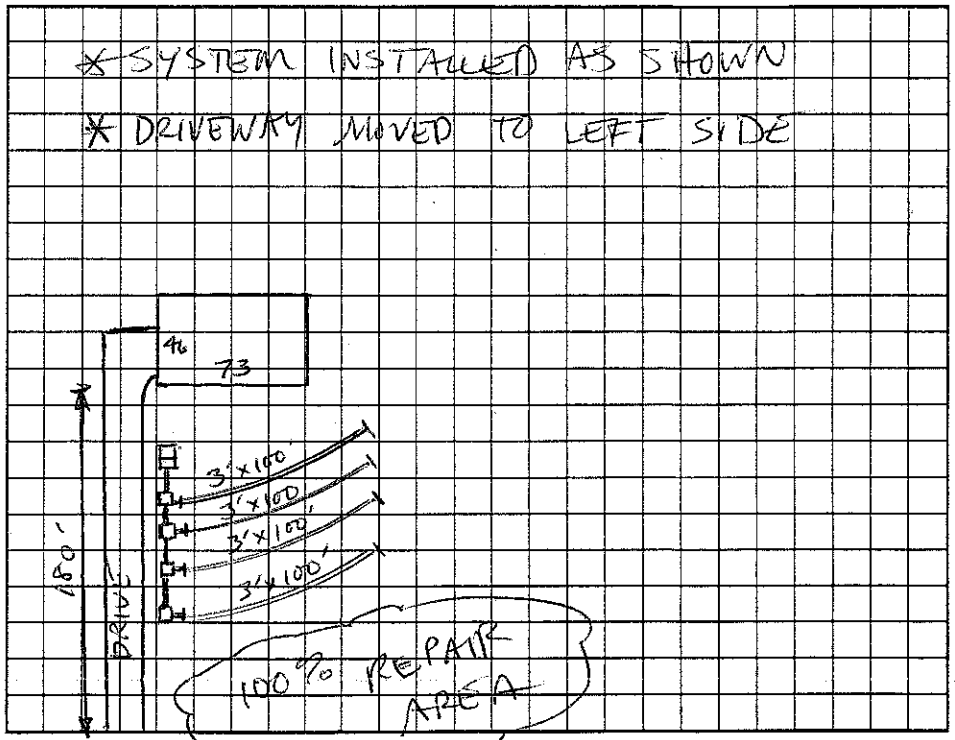
Comments/Conditions: (1) TANK HAS "TUFF-TITE" FILTER (2) SYSTEM HAS #57 STONE

SCALE 1" = 100'

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: _____ date 7-23-04 Installed by: PIEDMONT BACKHOE

Improvement Permit by: Christopher M. Shuller RS date 7-7-04 Operation Permit by: Christopher M. Shuller RS, LSS date 3-14-05

Authorization to Construct by: Christopher M. Shuller RS date 7-7-04 Existing System Inspection by: _____ date _____

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