CT

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 127130 PIN# 4824428514 67168 DATE 6/28/06

OWNER OR APPLICANT Dianna & Tyler Rowland PHONE: Business 704 878-2634 Home 704-871 8992

ADDRESS Zeb Rd

LOCATION 115N right on Zeb, property on right

SUBDIVISION Lincoln's Run BLOCK / SECTION 1 LOT 57 LOT AREA 4.18 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 6-18-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 5 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth 12"

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

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

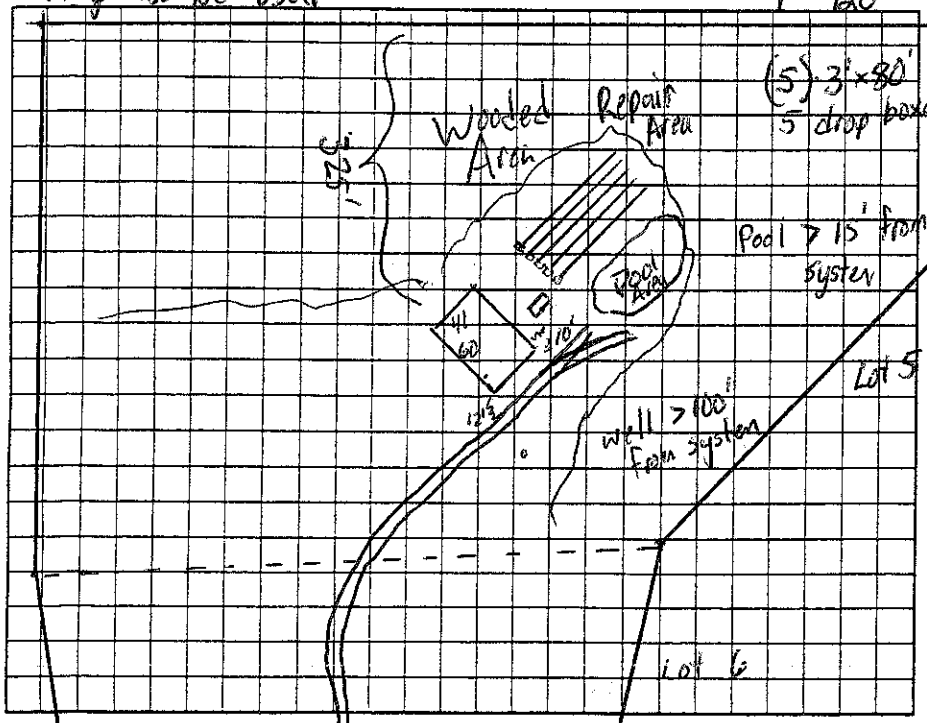
Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

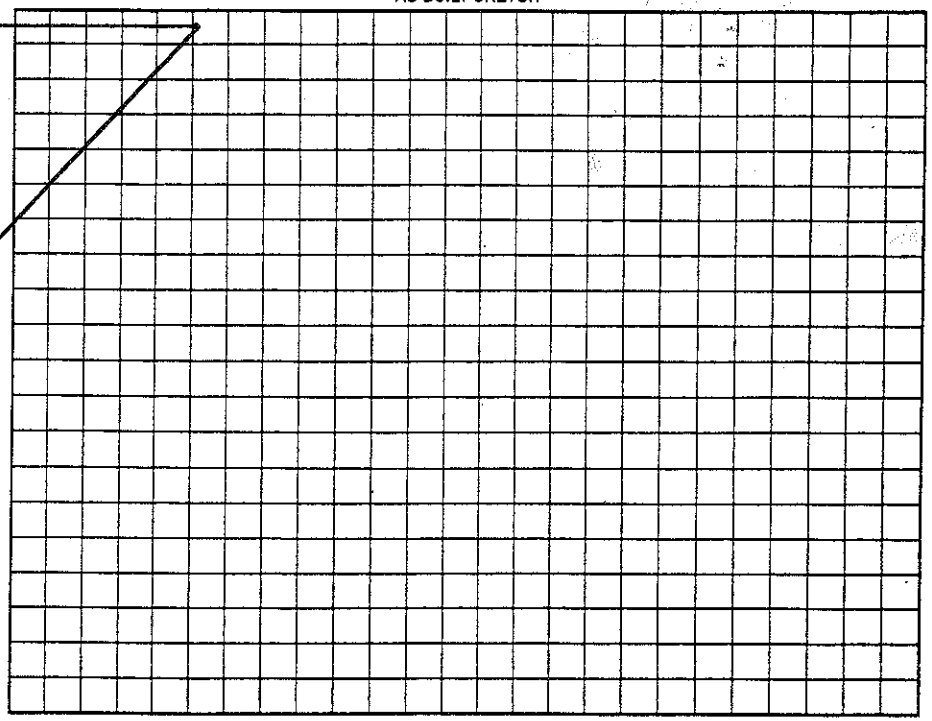
Comments:/Conditions: Conventional System - (5) 107' lines
25% Reduction System (5) 80' lines
either may be used
An accepted system may also be used

Comments:/Conditions:
Blue Poly Tech
Septic tank - Make

INITIAL SITE SKETCH 1" = 120'



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: DMR date 7-5-06 Installed by: Mark Tucker

Improvement Permit by: [signature] date 6/28/06 Operation Permit by: [signature] date 12-05-06

Authorization to Construct by: [signature] date 6/28/06 Existing System Inspection by: ____ date ____

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