CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 125803 PIN# 4824-52-~~0338~~ 5704 DATE 5-18-05

OWNER OR CONTRACTOR DAVID S. PEELE PHONE: Business _____ Home (954) 473-8220

ADDRESS 2990 SW 139 AVE DAVIE, FL 33330

LOCATION I-77N TL HWY 901 TR GRASSY KNOB TL ZEB (ROAD TURNS GRAVEL) LOT ON RIGHT

SUBDIVISION Lincolns Run BLOCK / SECTION _____ LOT II LOT AREA 4.25 SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 11-13-04
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 800 Linear Feet 270
No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI
System Description: CONVENTIONAL GRAVITY
Repair System Description: LOW-PRESSURE PIPE
Maintenance Agreement Required: ☐ Yes ☑ No

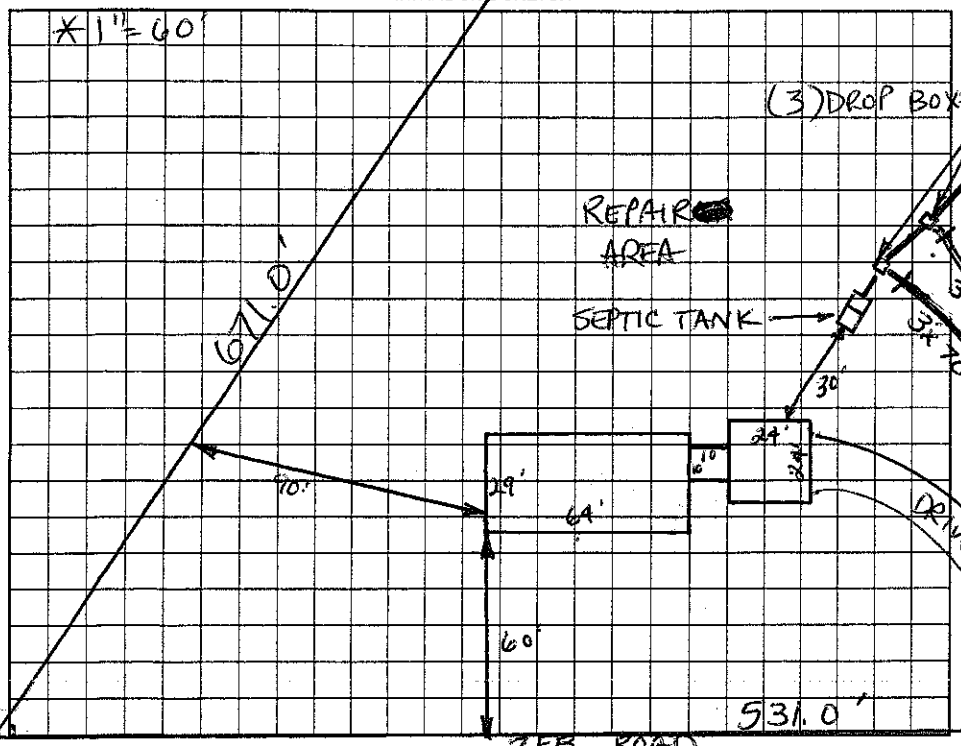
☑ House/Mod. Home No. Bedrooms 2
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions: (1) INSTALL ON CONTOUR (2) PACK & FILL GULLIES (3) REMOVE GRAVEL FROM TEMPORARY DRIVEWAY AND REMOVE FILL TO NATURAL GRADE

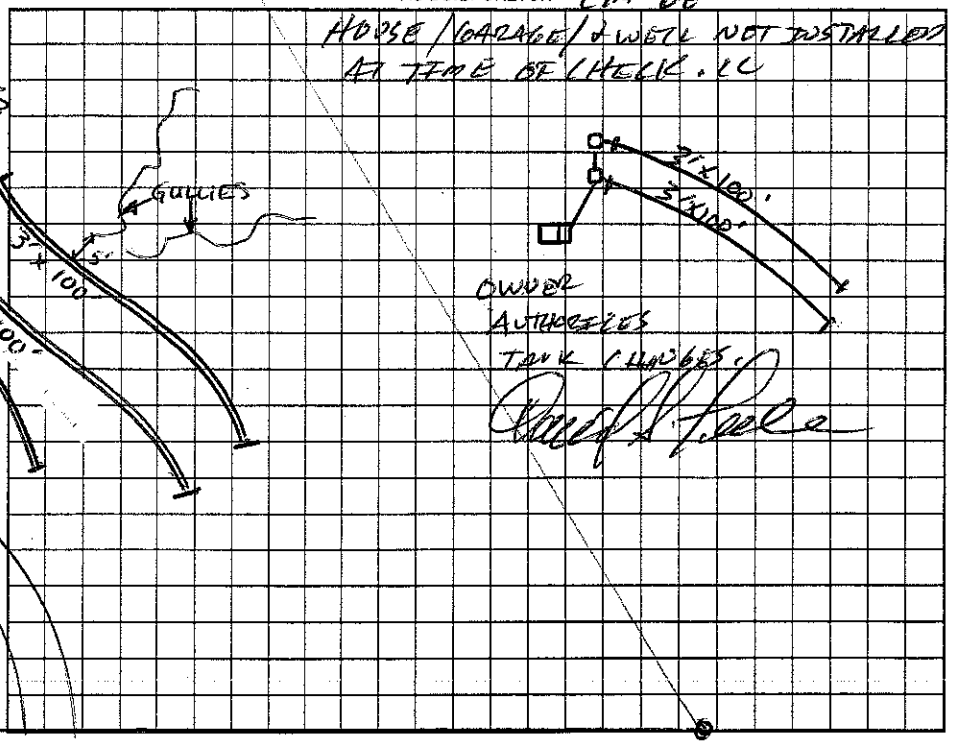
Comments:/Conditions: TUFFTITE FILTER & MARKER INSTALLED IN FILTRATOR STANDARD CHAMBERS, 2 LINES X 100', ELIMINATED FIRST 70' LINE DUE TO

INITIAL SITE SKETCH



AS BUILT SKETCH CANCEL

HOUSE/GARAGE/DRIVE NOT INSTALLED AT TIME OF CHECK. CC



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 5/19/05 Installed by: CRAIG THOMPSON

Improvement Permit by: Christopher M. Sherrill, RS LSS date 5-18-05 Operation Permit by: _____ date 6-8-05

Authorization to Construct by: Christopher M. Sherrill, RS LSS date 5-19-05 Existing System Inspection by: _____ date _____

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