IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138313 PIN# 4824532435 DATE 10/17/06

OWNER OR APPLICANT Denny & Pam Larue PHONE: Business 954-663-5886 Home 954-925-5886

ADDRESS 901 West (R) Grassy Knob Rd, left on Zeb Rd, 1st on (R) 5

LOCATION 502 Zeb Rd.

SUBDIVISION n/a BLOCK / SECTION N/A LOT N/A LOT AREA 10.00 SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. -25

Septic Tank: 1000 Gallons: STB Dellinger STB Rated 6-7-06
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 4 Square Feet 1440 Linear Feet 360
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ 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
Gravel Depth n/a ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

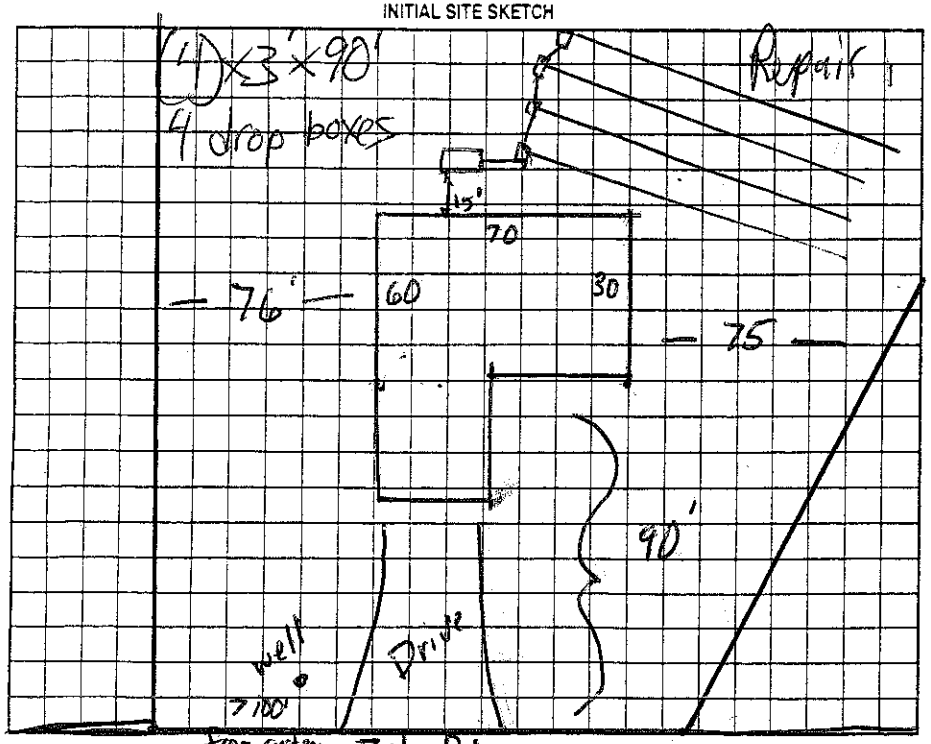
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons ____
☐ Business No. Employees ____
☐ Other ____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: Filter installed / Marker on Tank /

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn on proposed site sketch. (CW)

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: Ray Choate date 11/14/06 Installed by: Jamie O'Daniel / Specialty Septic

Improvement Permit by: [signature] date 10/17/06 Operation Permit by: [signature] RS date 8 Dec. 06

Authorization to Construct by: [signature] date 10/17/06 Existing System Inspection by: ____ date ____

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