IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150487 PIN# 4832589~~3148 001~~ 8258 DATE 6-27-06

OWNER OR APPLICANT Shane Rollings PHONE: Business 704 903 8856 Home 704 539 4095

ADDRESS 318 Dowell Rd

LOCATION I-77 N to (L) on 901, (L) on Myers Mill. On corner of Myers Mill and Dowell

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1000 Date 4-1-08

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth ____

■ 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

■ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ■ Individual ☐ Public ☐ Community

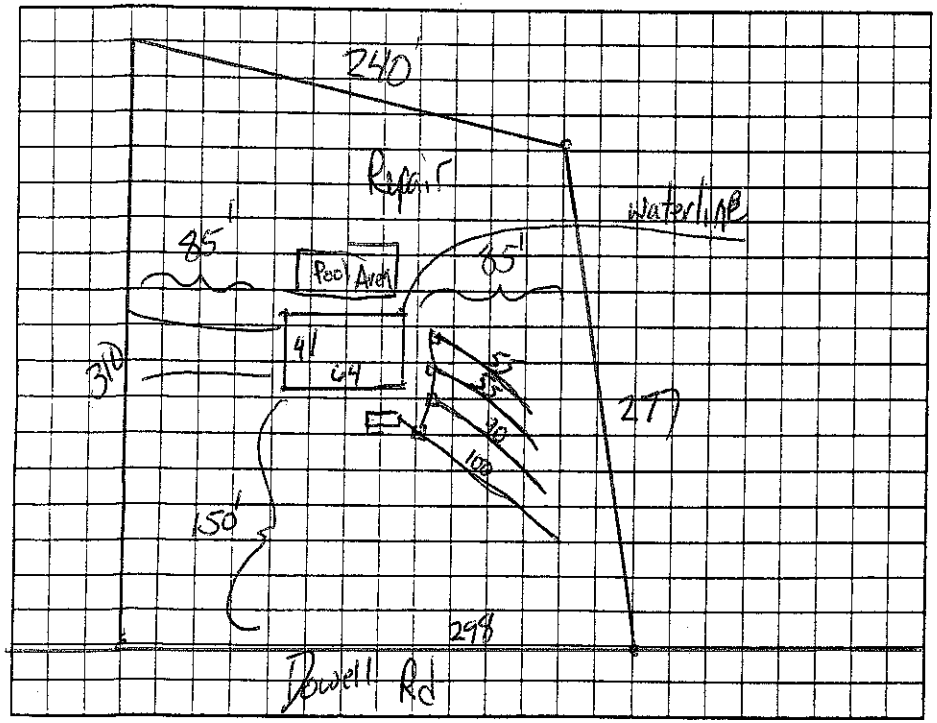
☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

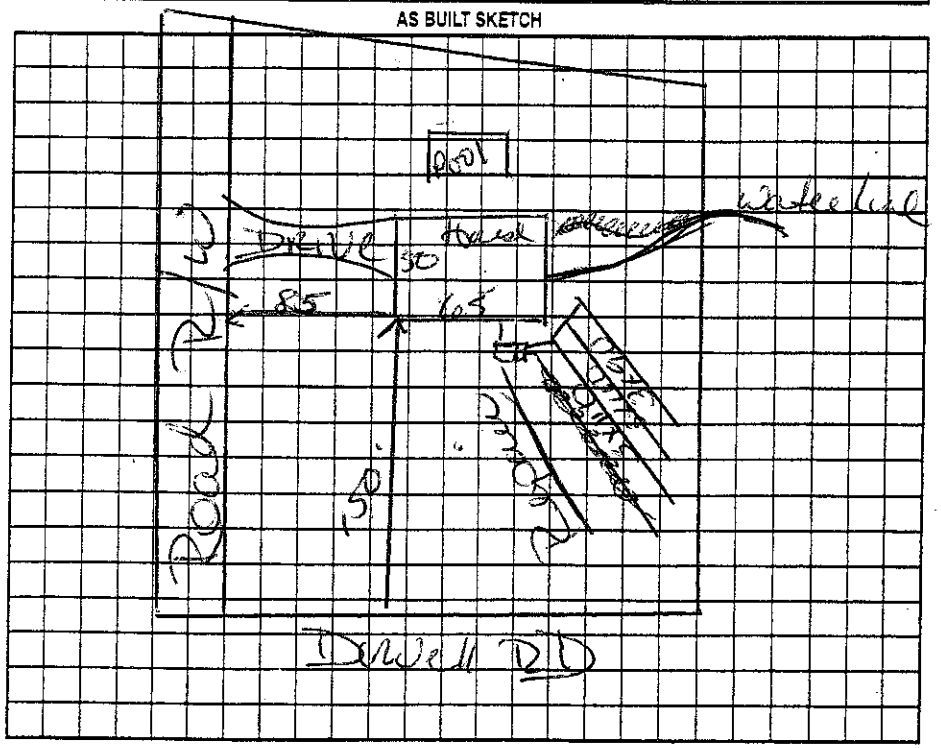
Comments:/Conditions:

yellow Info Site

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: Shane Rollings date 6-27-08 Installed by: C & J Grading

Improvement Permit by: ____ date 6-27-08 Operation Permit by: Kelly Cook date 10-21-08

Authorization to Construct by: ____ date 6-27-08 Existing System Inspection by: ____ date ____

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