IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 152371 PIN# 4832~~749122~~ 830654 DATE 9-11-08

OWNER OR APPLICANT Keisha & Michael Galliher PHONE: Business 704 878 4660 Home 704 450 8268

ADDRESS Trumpet Branch Rd

LOCATION 21N, left on Jennings, left on Trumpet Branch on right.

SUBDIVISION n/a BLOCK / SECTION n/a LOT n/a LOT AREA 5.0 Acres SITE CLASS. PS DESIGN FLOW 490 L.T.A.R. .03

Septic Tank: Rx 1000 Gallons: STB 1007 Date 10-1-08
Pump Tank: _____ Gallons: P.T _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1600 total/400 add Linear Feet add 100'
No Lines 1 add Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☑ Expansion System Type: I II III IV V VI
System Description: Existing/Expansion
Repair System Description: 25%
Maintenance Agreement Required: ☐ Yes ☑ No
Gravel Depth _____ ☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons _____
☐ Business No. Employees _____
☐ Other _____

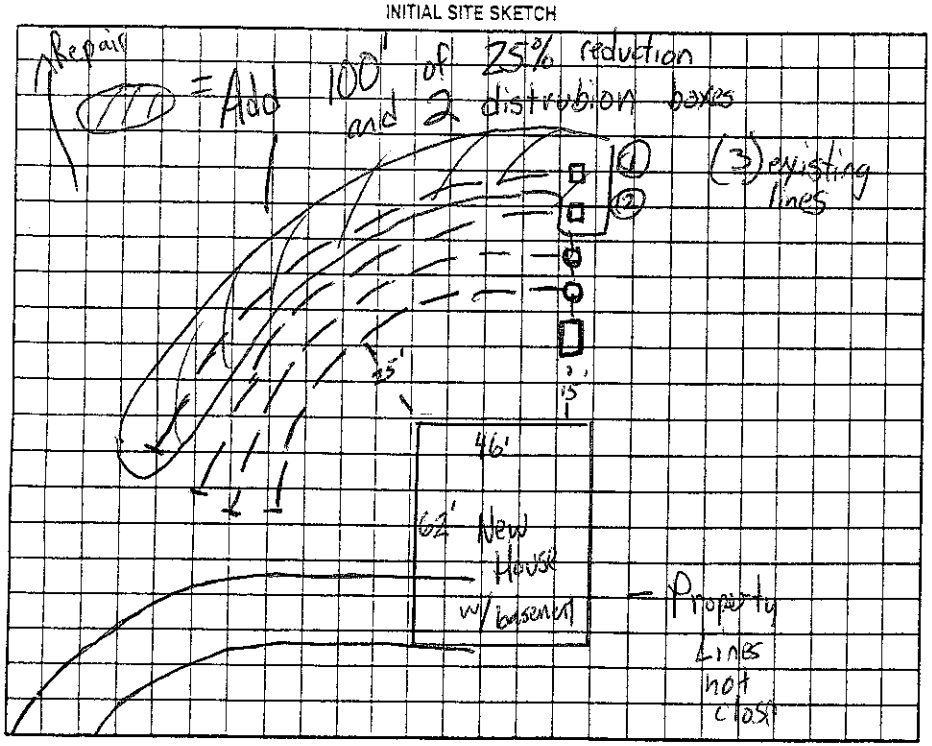
Water Supply: ☐ Individual ☑ Public ☐ Community

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

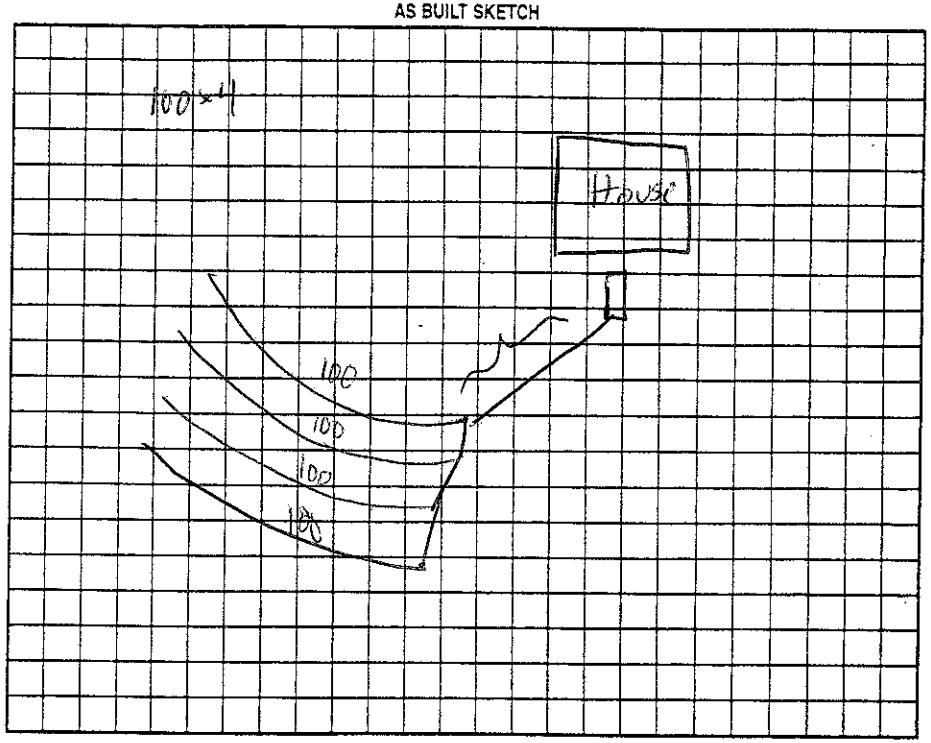
Comments:/Conditions:

Comments:/Conditions:

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: Keisha Galliher date 9.15.08
Improvement Permit by: James Stone date 9-11-08
Authorization to Construct by: James Stone date 9-11-08

Installed by: Kevin Bowles
Operation Permit by: James Stone date 11-26-08
Existing System Inspection by: _____ date _____

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