CA CI

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 14726 PIN# 4746058387. DATE 6/30/07

OWNER OR APPLICANT Donald & Susan Rose PHONE: Business _____ Home 498-521-4217

ADDRESS 13496 Fairway Court Sloan Springs AR 72761

LOCATION 21 N (T) Lobo at corner of Thurman and Tabor

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 30 SITE CLASS: P5 DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 760 Date 7-22-

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet 1440 Linear Feet 360

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: 2520 Gravelly

Repair System Description: 2520 Gravelly

Maintenance Agreement Required: ☐ Yes ☐ No

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

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

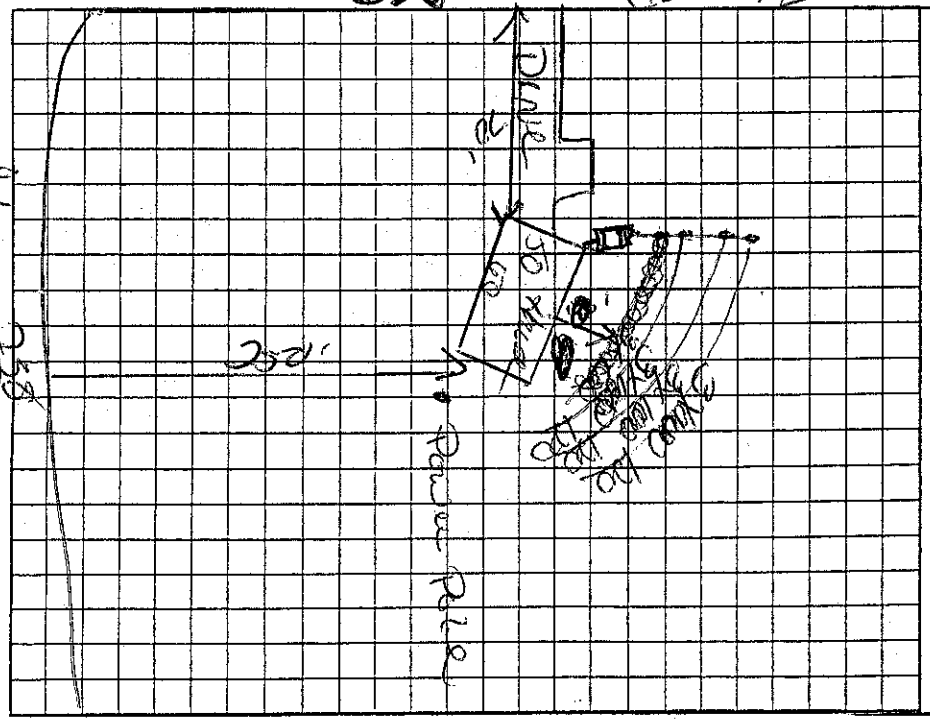
Water Supply: ☐ Individual ☑ Public ☐ Community

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

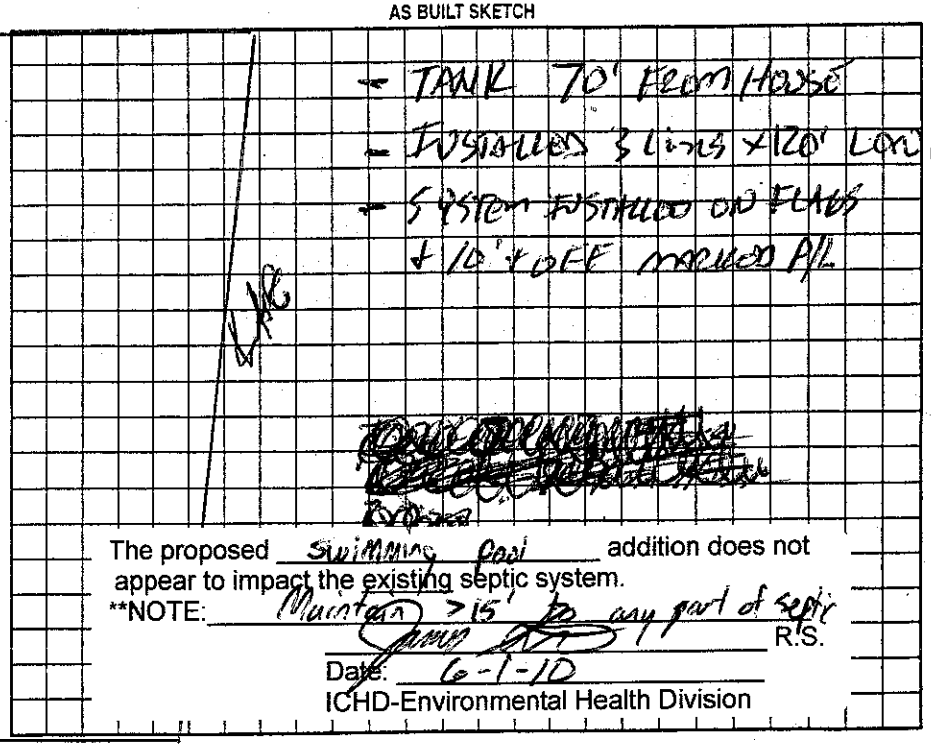
Comments/Conditions: Use end cap distribution
* Install on contour
* Maintain all setbacks

Comments/Conditions: NOT to SCALE POLYLOK Filter & MARVEL

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed Swimming Pool addition does not appear to impact the existing septic system.

**NOTE: Maintain >15' to any part of septic

R.S.

Date: 6-1-10

ICHD-Environmental Health Division

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 _____

Improvement Permit by: _____ date 6-13-07

Authorization to Construct by: _____ date 6-13-07

Installed by: DARRELL SALMON

Operation Permit by: _____ date 11-14-07

Existing System Inspection by: _____ date _____

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