IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 175228 PIN # 4862147869 7 DATE 10-5-12

OWNER Ralph Combs APPLICANT: Dorothy Evans PHONE: Home/Cell # 704-539-5743 Business # N/A

SITE ADDRESS 1169 W Memorial Hwy OWNER / APPLICANT ADDRESS 1175 W. Memorial Hwy

SITE DIRECTIONS I-77N to Exit 65 TR W Memorial Hwy Property ~ 8/10 mile on right

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 1.05 acres DESIGN FLOW 240 gpd L.T.A.R. Existing

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 4 Linear Feet Existing

Trench Width Ex Max. Trench Bottom Depth Ex

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: Conventional

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☑ NO

Gravel Depth Ex. ☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private

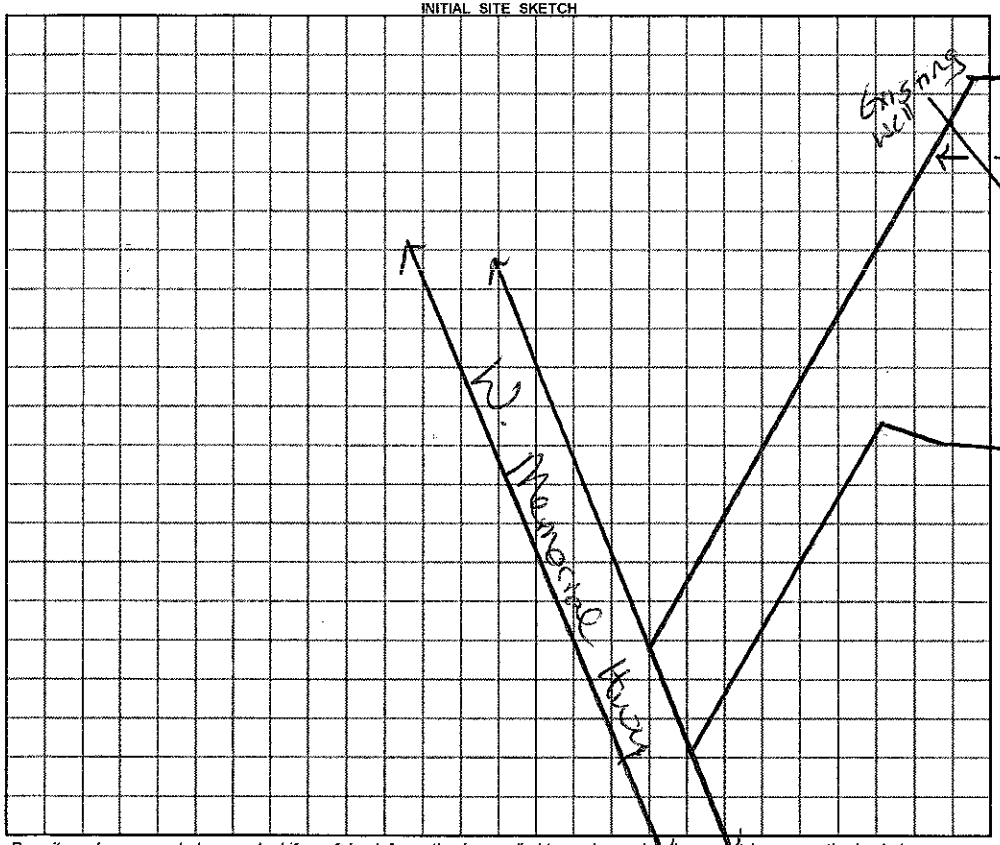
☐ Public

☐ Community

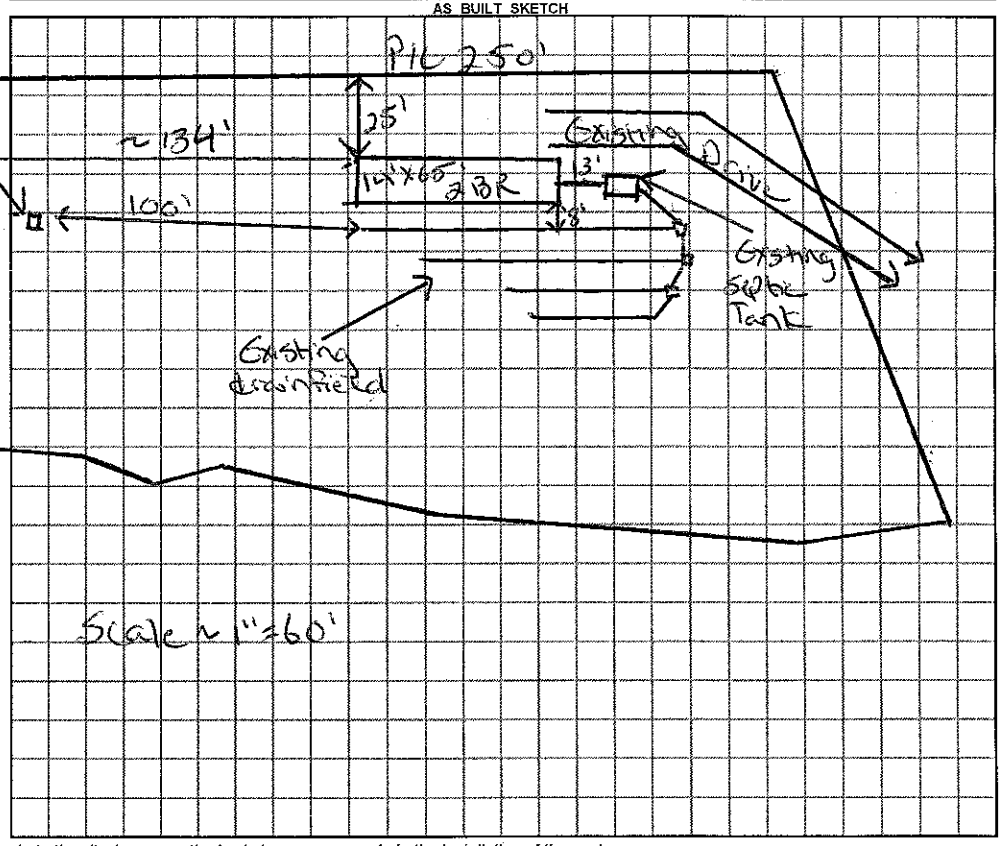
Comments / Conditions

Maintain a minimum of 5' between foundation and all components of septic tank system.
Maintain a minimum of 25' between foundation and well.

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 plat valid without expiration. site plan valid 60 mo.* ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: ____ Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 10-5-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant