IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# 4886-72 2335 DATE 5-1-08

OWNER OR APPLICANT Richard Perkins PHONE: Business _____ Home 704-546-3414

ADDRESS 231 Skyview lane

LOCATION 21W (R) 901 (L) Skyview lake At end on left (231)

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS (A) DESIGN FLOW 360 L.T.A.R. 25

Septic Tank: 1000 Gallons; STB 740 Date 3-28-08
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet 700 Linear Feet 700
No Lines 2 Trench Width 36" Max Trench Bottom Depth 48" Gravel Depth N

☒ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No
☒ Gravity ☐ Pressure

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

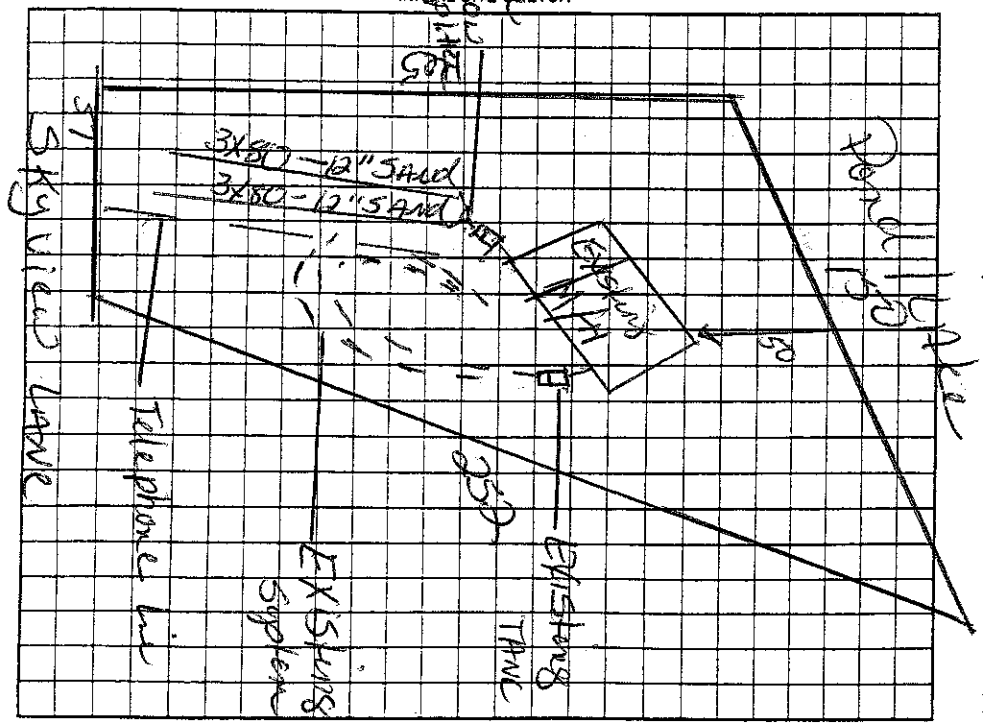
Water Supply: ☐ Individual ☒ Public ☐ Community

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

Comments:/Conditions:
* Maintain all setbacks

Comments:/Conditions:
* New system sewage - all sinks -
* Old system washer only

INITIAL SITE SKETCH



AS BUILT SKETCH

* Tank at Grade
* 12 inches of Sand under 25% Reduction infiltrative
* Pack Sides & End of trench before infiltrate is placed on sand
* Move Power line before installation of System

Red Septic
Septic Mark
System is Deep due Repair

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: Dennis Gallihar date 5-1-08
Improvement Permit by: Kelly Crook date 5-1-08
Authorization to Construct by: Kelly Crook date 5-1-08

Installed by: A-1 Backhoe
Operation Permit by: Kelly Crook date 5-19-08
Existing System Inspection by: _____ date _____

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