IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 15696 PIN # 4881752916 DATE 7-9-09

OWNER or APPLICANT Bobby Collins PHONE: Business Home: 704-546-5424

OWNER or APPLICANT ADDRESS 559 Powell Bridge NC 28634

LOCATION / DIRECTIONS Hwy 21 north, Powell Bridge 1st After 2nd Bridge

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 3' DESIGN FLOW 360 L.T.A.R. Exist .3

Septic Tank Exist Gallons: STB 620 Date 5-11-95

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields No Lines 5 Linear Feet

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12

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

System Description: Conventional Gravity

Repair System Description: 25% Gravity

Maintenance Agreement Required ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

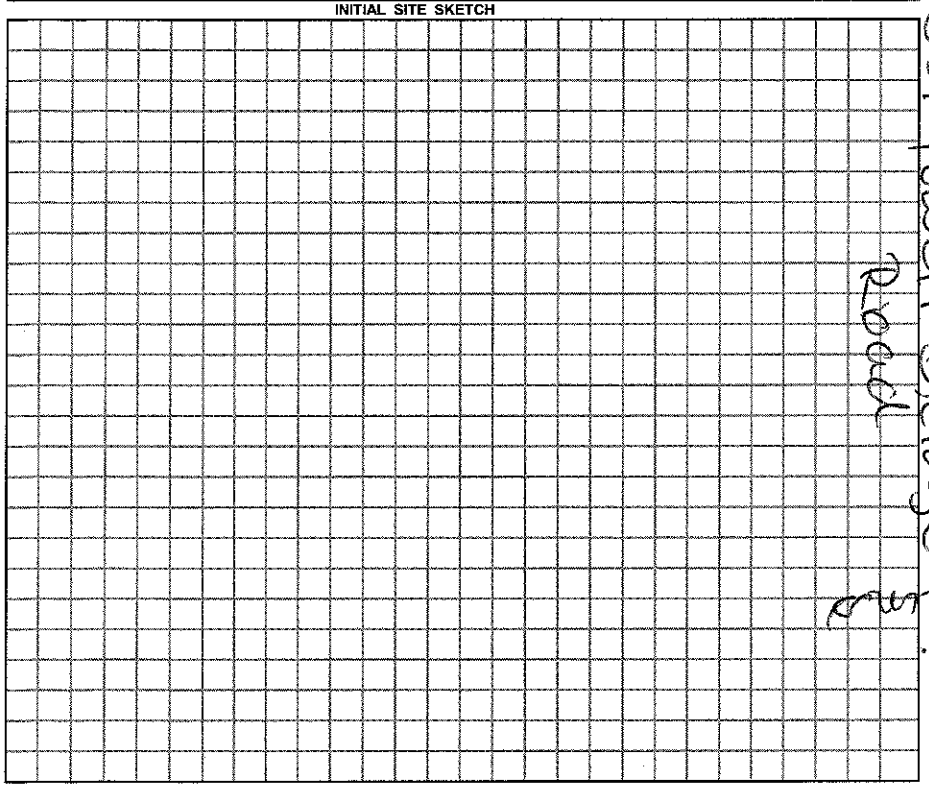
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions

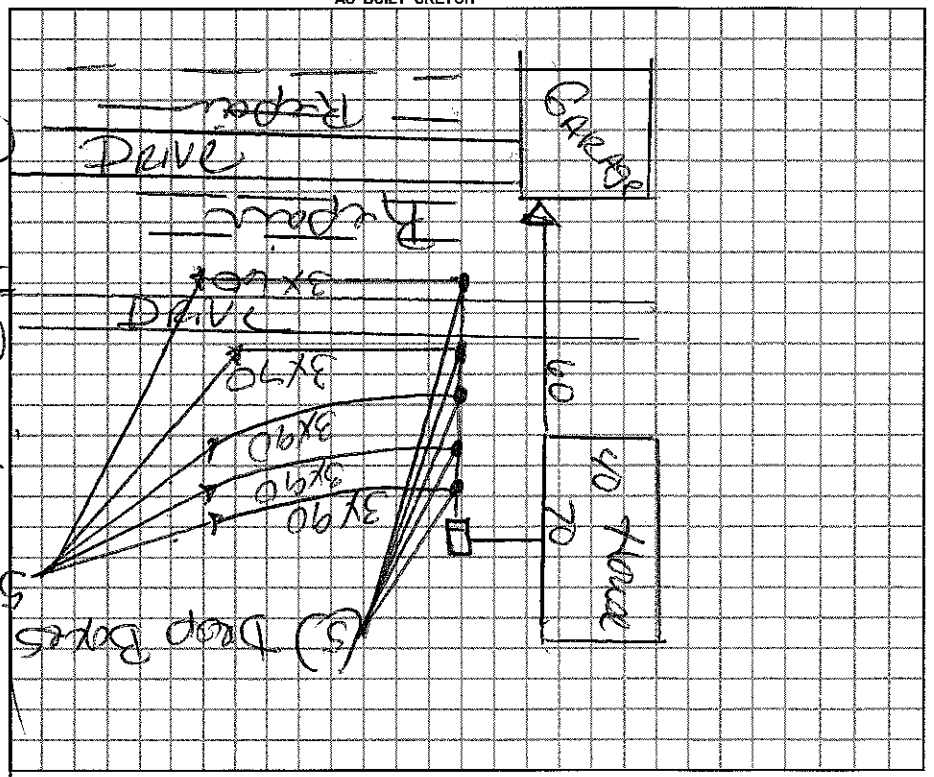
Comments / Conditions

New Garage does not effect system or repair

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

Owner / Applicant Signature: Date

Improvement Permit by: Date

Authorization to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 7-9-09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant