IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150283 PIN# 4890205000 DATE 5-23-08

OWNER OR APPLICANT [illegible] PHONE: Business [illegible] Home

ADDRESS [illegible]

LOCATION [illegible]

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No. Fields Square Feet Linear Feet

No. Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☑ Gravity ☐ Pressure

☑ House/Mod. Home No. Bedrooms

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

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

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments:/Conditions:

NA Evidence of failure at time of inspection

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: date 5/29/08 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date 5-23-08

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