IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 139122 PIN# 4892549864 DATE 11-13-06

OWNER OR APPLICANT James Stach PHONE: Business _____ Home 941-875-4834

ADDRESS 6071 Gillot BLVD Port Charlotte FL 33981

LOCATION 21N to Powell Bridge (R) Sandy Spring across from market

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 21,780 SITE CLASS B DESIGN FLOW 480 L.T.A.R. 3

Septic Tank: 1000 Gallons; STB 760 Date 3-11-04

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 1600 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: 25% Graw

Repair System Description 25% Graw

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

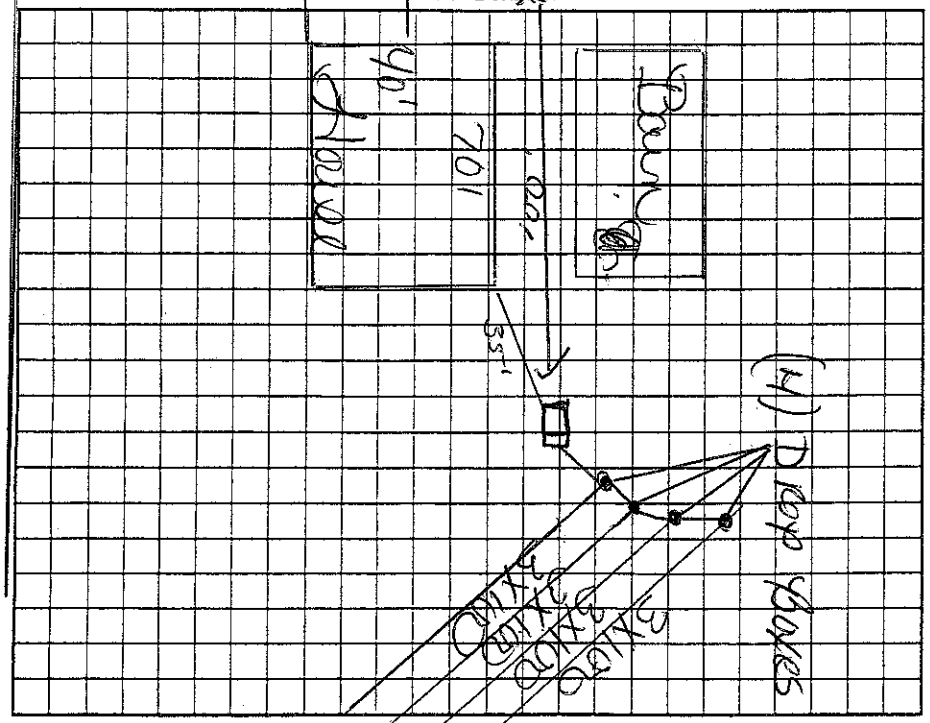
Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Install on Contour Maintain all attached Drive

Comments:/Conditions: Red filter

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 11/30/06 Installed by: A-1 Backhoe

Improvement Permit by: Leigh Cook date 11-13-06 Operation Permit by: _____ date 6-10-08

Authorization to Construct by: Leigh Cook date 11-13-06 Existing System Inspection by: _____ date _____

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

Sandy Spring