10:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (P) (E) MOORESVILLE 704-664-5281

Philip Duggan Permit # 206794

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

PERMIT # 160838 PIN # 4893086388 DATE 6-1-10

OWNER or APPLICANT Phil Duggan PHONE: Business 828 781-1562 Home:

OWNER or APPLICANT ADDRESS 12016 Humboldt Dr. Charlotte, N.C.

LOCATION / DIRECTIONS 21 N, (R) E. Houstonville, (L) on Sandy Springs, (L) on Reagor, Property on (R)

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 8.856 Ac. DESIGN FLOW 600 L.T.A.R. .3

Septic Tank 1500 Gallons: STB 444 Date 1-31-11

Pump Tank ____ Gallons: PT 1 Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines ____ Linear Feet 667

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: Coventional Pump (if necessary)

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5 ☐ Business No. Persons ____ ☐ Other No. Employees ____

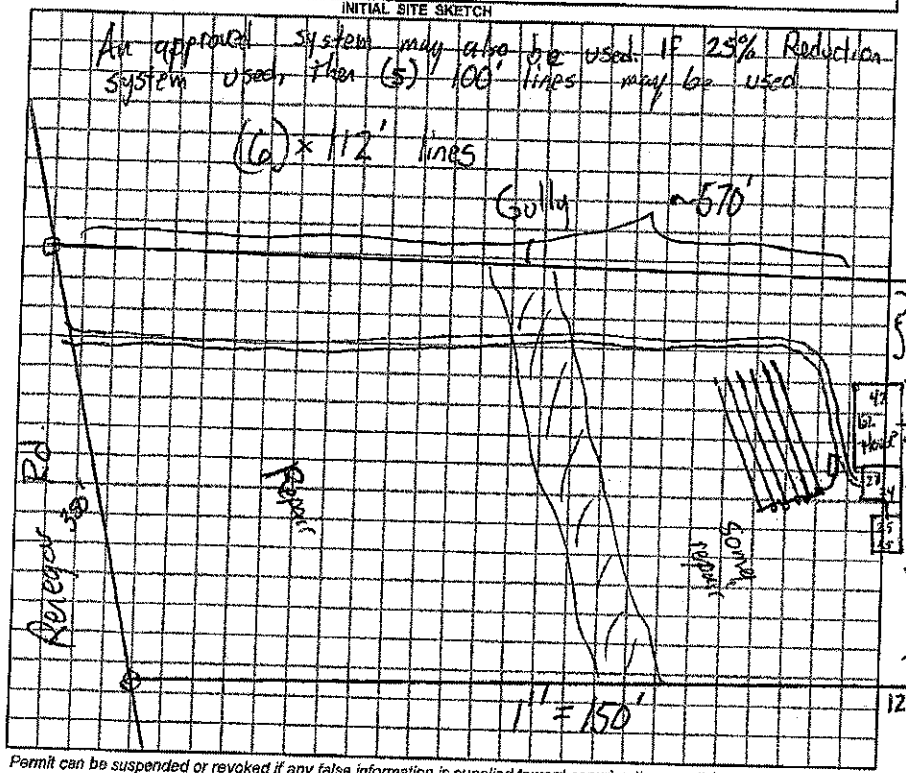
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

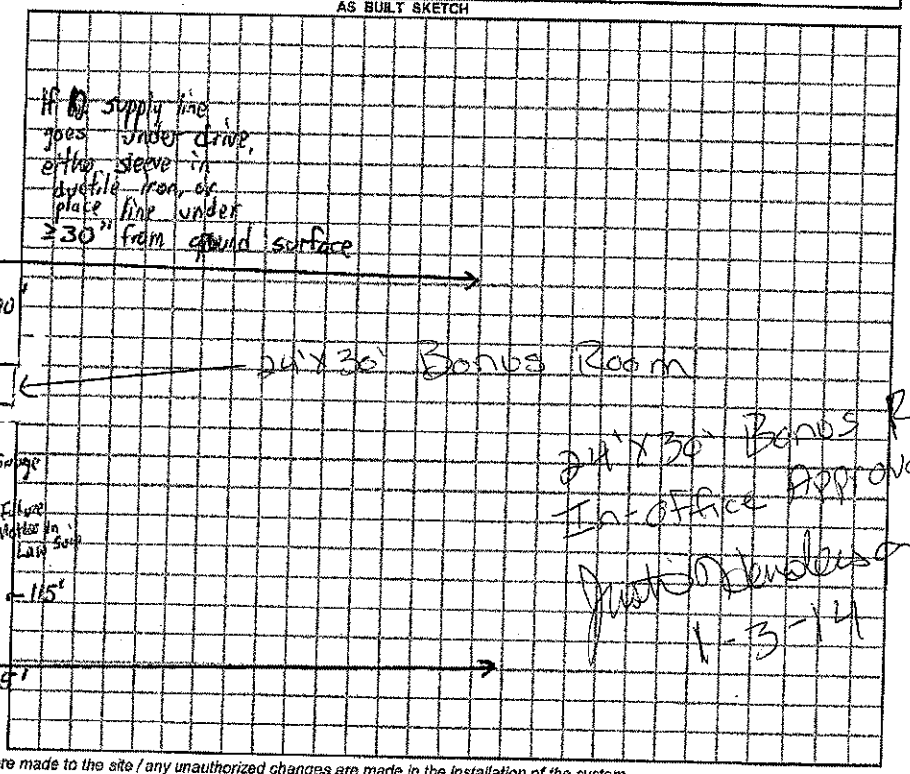
Comments / Conditions

Comments / Conditions

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: Phil Duggan Date 6-17-10

Improvement Permit by: [signature] Date 6-2-10

Authorization to Construct by: [signature] Date 6-2-10

Installed by: Orbison & Sons

Operation Permit by: [signature] Date: 3-4-11

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

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