4-0

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# 4843 27 1896 DATE 7-6-06

OWNER OR APPLICANT ~~Greg Haynes~~ Sandy Spring PHONE: Business Church Haul Home

ADDRESS Sandy Spring Rd

LOCATION 21 N (R) Powell Bridge (L) Turkey Foot (L) Sandy Springs Church Sandy Spring Asphalt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. _____ DESIGN FLOW 360 L.T.A.R. 1.2

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 200 Linear Feet 310

No Lines 4 Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth NA ☐ Gravity ☐ Pressure

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

System Description: _____

Repair System Description: 25% Gravity

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

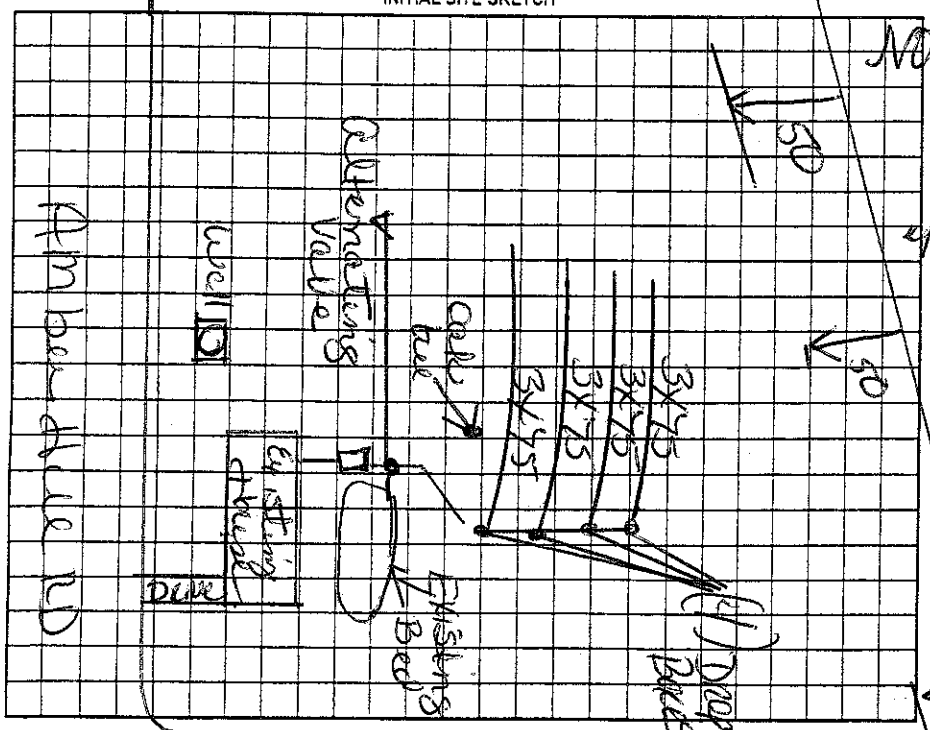
Water Supply: ☑ Individual ☐ Public ☐ Community

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

Comments:/Conditions: Install on Contour Maintain all setbacks 337

Comments:/Conditions: Use alternating valve to control systems

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: by: Sandy Spring LP date 7-6-06 Installed by: SAMMY REAVIS

Improvement Permit by: Kelly Cook date 7-6-06 Operation Permit by: Kelly Cook date 8-11-06

Authorization to Construct by: Kelly Cook date 7-6-06 Existing System Inspection by: _____ date _____

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