IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 201554

APPLICANT: Robert McNeely PIN # 3784647753

SITE ADDRESS: 1060 Sharon School Rd. APPLICANT ADDRESS: 1020 Marlissa Ln Las Cruces NM

SITE DIRECTIONS: I-40W to Sharon School Rd Exit TR Sharon School Property on R just Past New Sterling Rd. PHONE: 704-902-2991 ALT. PHONE: N/A

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 19.74 acres DESIGN FLOW: 100 gpd L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB 1012-1000 Date 3-5-14
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 1 Linear Ft: 121
Trench Width 36" Max. Trench Bottom Depth 31" Gravel Depth 12"

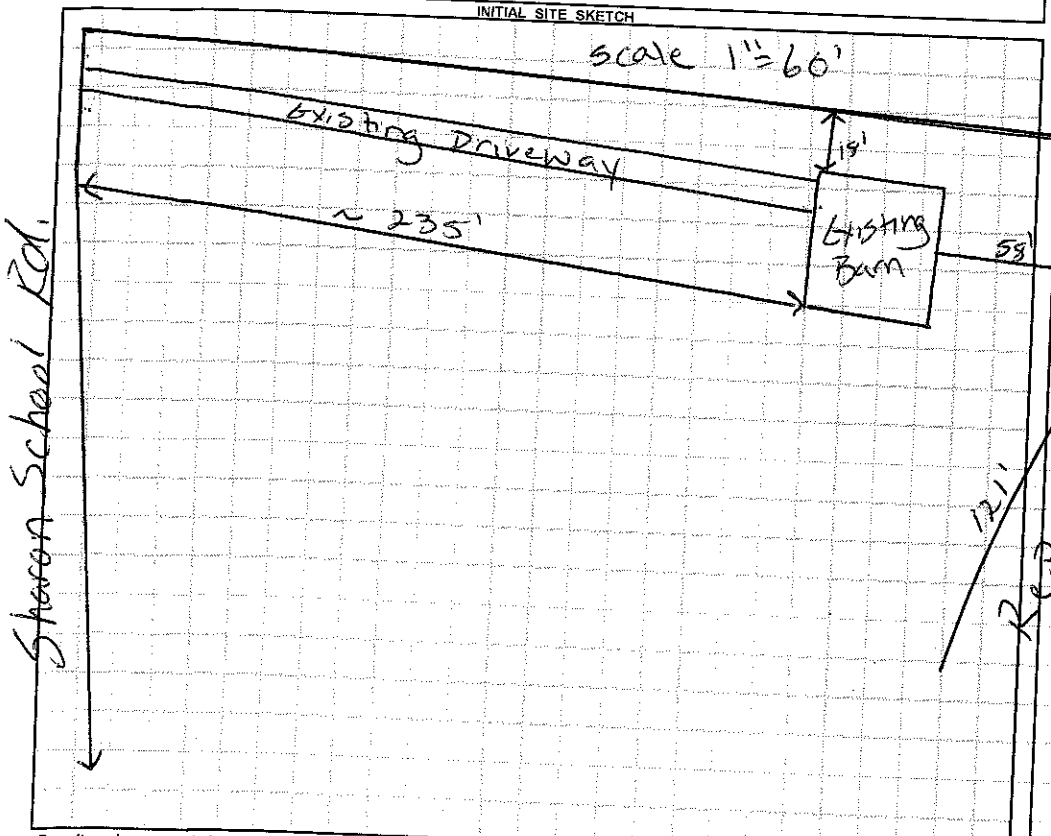
☑ New System ☐ Repair ☐ Expansion System Type: I ☑ II III IV V VI
System Description: Conventional
Repair System Description: Conventional
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms ____
☐ Business No. Persons ____
☑ Other Barn w/ Bath No. Employees ____
☑ Stab w/ Bath ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

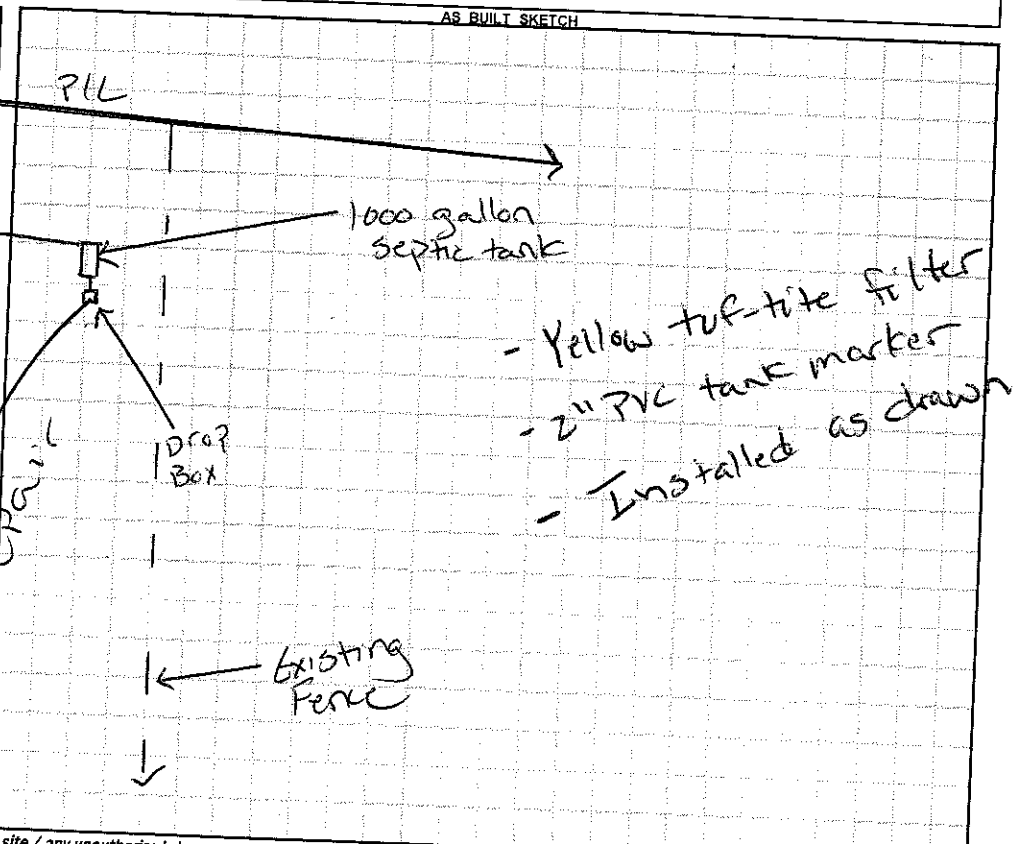
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a conventional system on contours.

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. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Steve Jordan Date: 2/28/14 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-27-14 OPERATION PERMIT by: Justin Henderson Date: 5-7-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-27-14 Existing System Inspected by: ____ Date: ____

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Preliminary Approval) - PINK