IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181192

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

PIN # 3794175385

APPLICANT: David Millsaps APPLICANT ADDRESS: 1124 Radio Rd.

SITE ADDRESS: 119 Shady Fork Rd. PHONE: 704-902-9521 ALT. PHONE: N/A

SITE DIRECTIONS: I-40W to Old Mountain Rd. TR old Mtn Rd. TL New Sterling Rd. TL Shady Fork Rd.

SUBDIVISION: Shady Fork Mobile Home Park SECTION: N/A LOT # 119 LOT AREA: 7.98 acres DESIGN FLOW: 240 L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

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

System Description: Conventional

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons No. Employees ☑ Crawl Space

Water Supply: ☐ Private ☐ Public ☑ Community

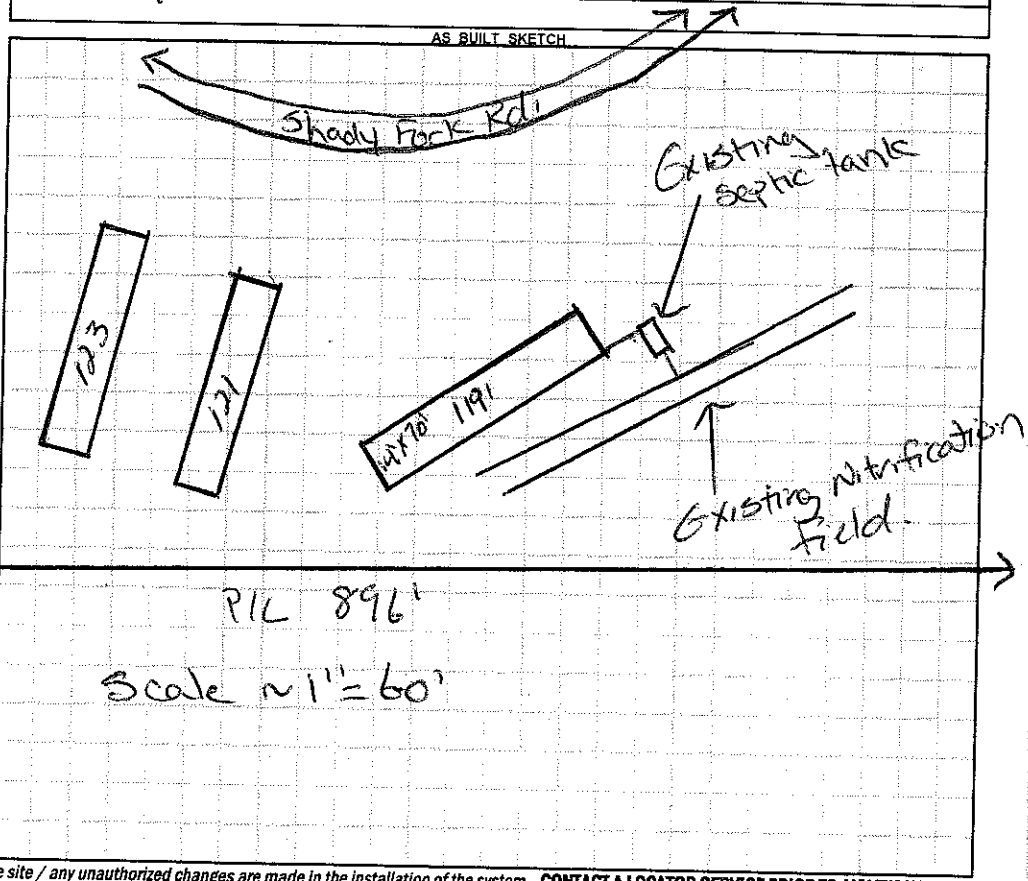
☐ Basement w/o plumbing

Comments / Conditions:

- Maintain a minimum of 5' between mobile home foundation and all components of septic tank system.

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: Bettie J Stanfield Date: 10-07-2013 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 10-7-13

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