# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 328964

## SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 3797--63--3622

APPLICANT/OWNER: Levi McCoy | APPLICANT ADDRESS: 133 Donald Dr. Stony Point NC 28678

SITE ADDRESS: 133 Donald Drive, Stony Point NC 28678 | PHONE: 704-775-5004 | ALT. PHONE

SITE DIRECTIONS: I-40 → 64/90 → (W) Hwy 90 → (R) Calhoun → (R) Haliburton → (L) Donald Dr. | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lackey MHP | SECTION: N/A | LOT # Tract 3 | LOT AREA: 8.916816 | DESIGN FLOW: EXIST | L.T.A.R. EXISTING

Septic Tank EXISTING (gal) | STB | Date

Pump Tank (gal) | PT | Date

Pump Make | Model | Serial #

# Nitrification Fields EXISTING | # Lines | Linear Ft.

Trench Width | Trench Bottom Depth (Low side) | Gravel Depth

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

System Description:

Repair System Description: EXISTING

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

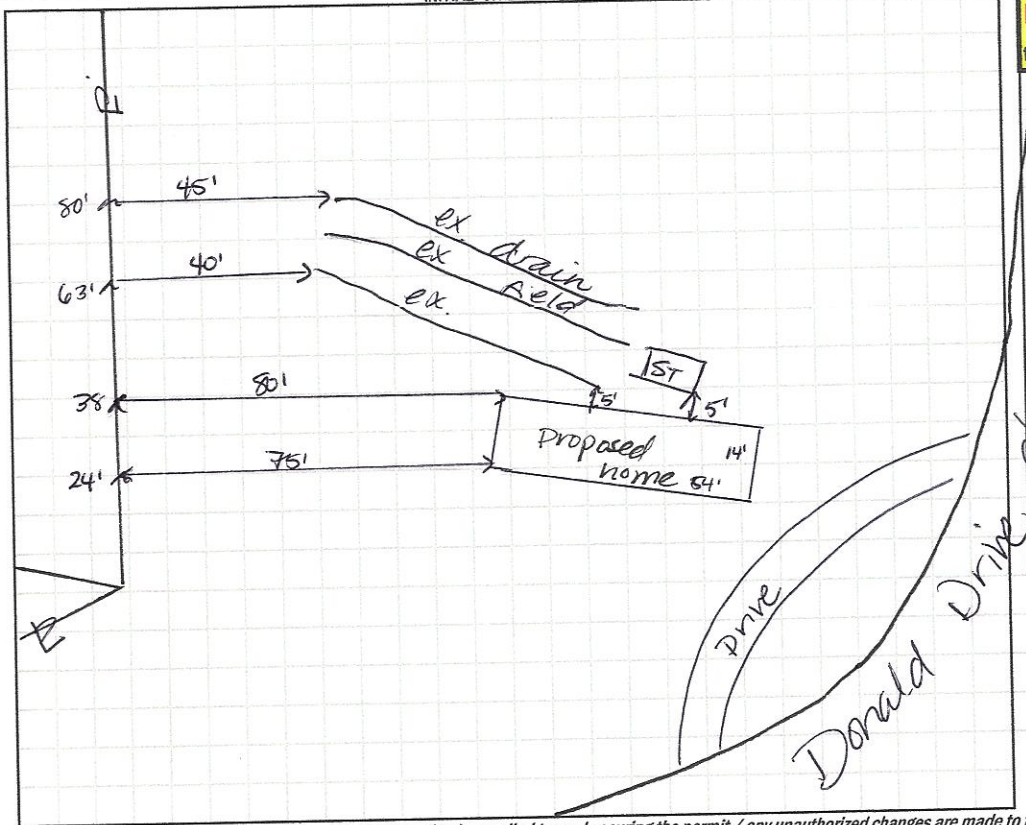
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms EX | No. Persons | No. Employees | ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Keep home 5' from all parts of Septic system. No foundation drains around new home.

INITIAL SITE SKETCH




AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1"=40'

*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: Hayley Kelley Date: 8-1-22

IMPROVEMENT PERMIT by: Date:

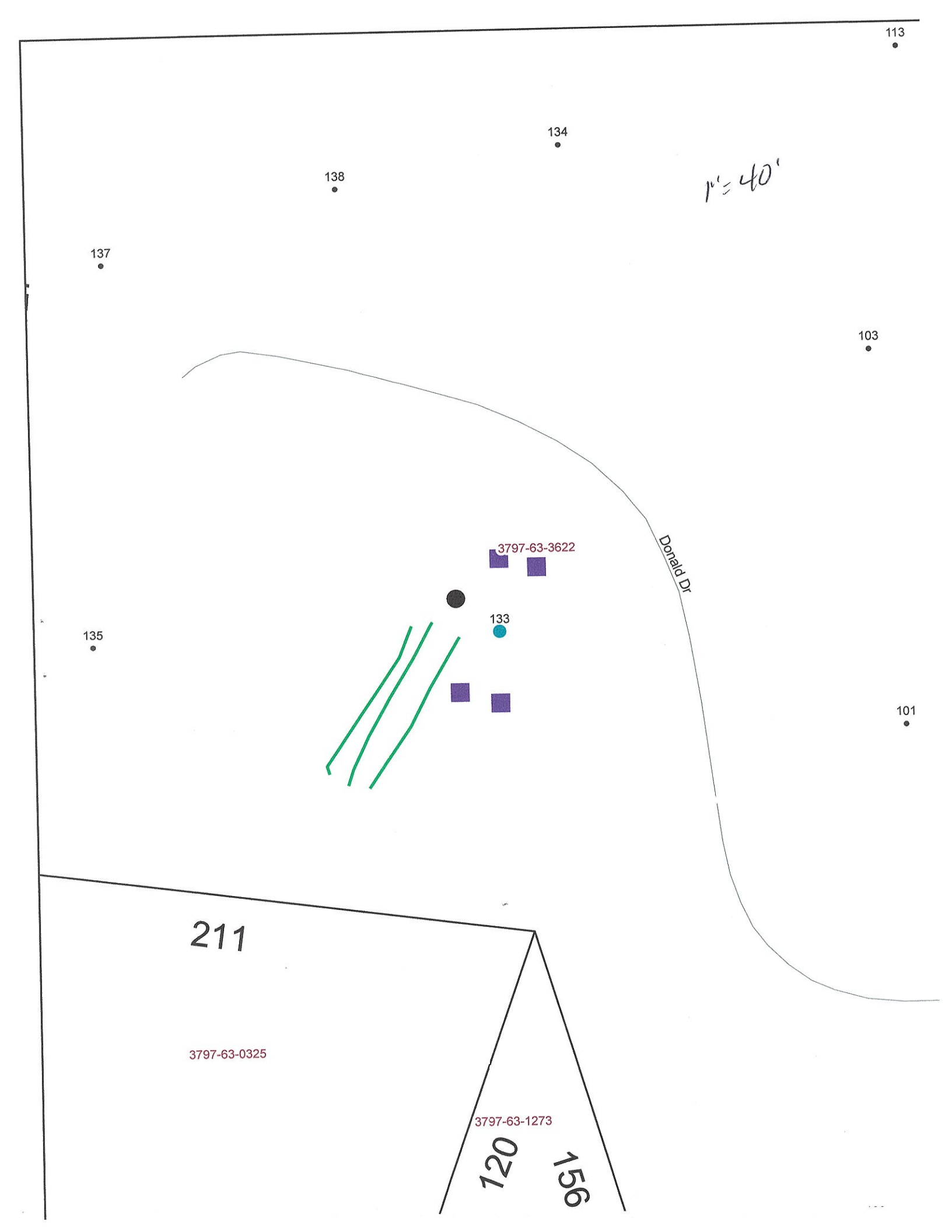
AUTHORIZATION TO CONSTRUCT by: Date:

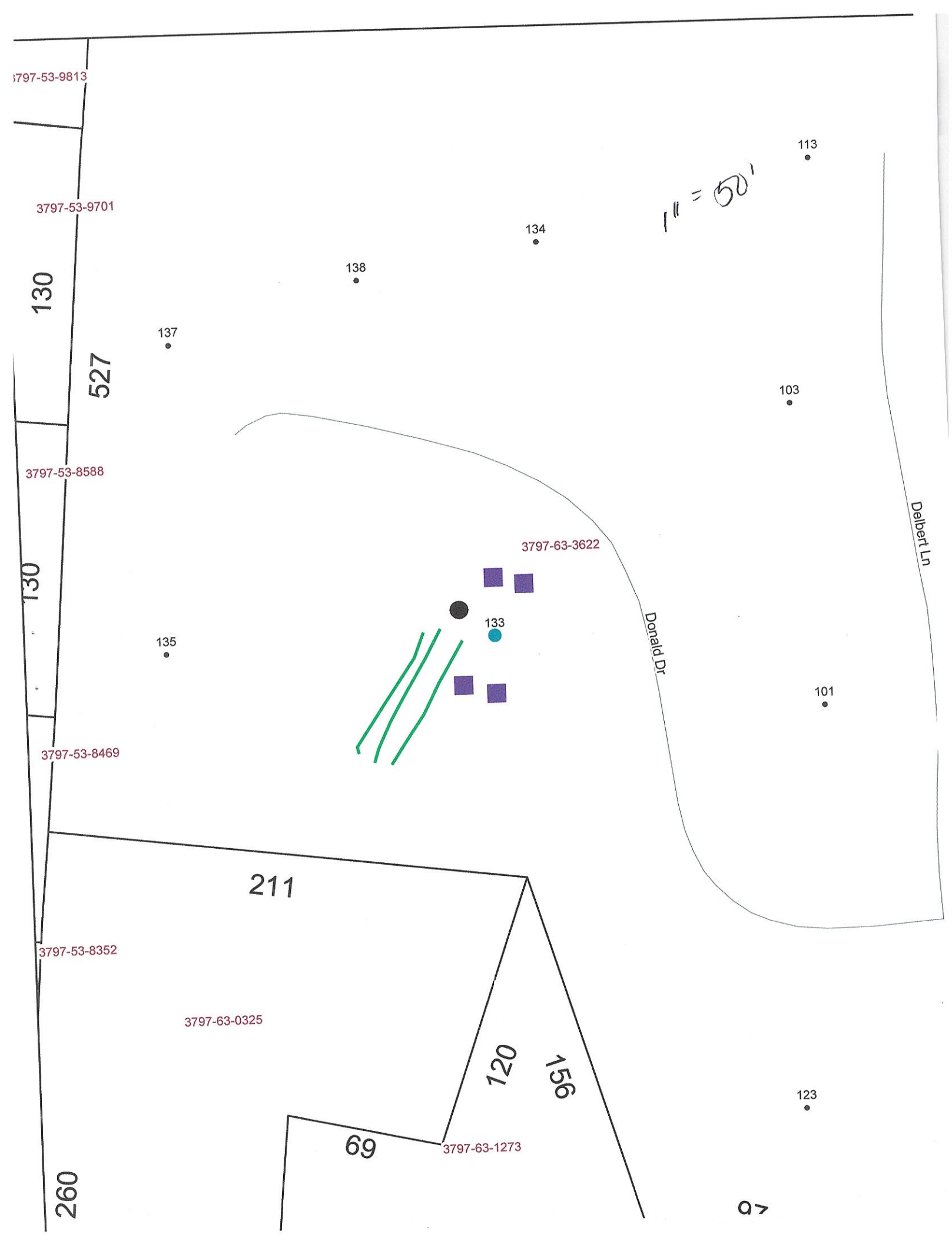
Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: D. Wiebers Date: 6/23/22

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.**


113
134
138
1" = 40'
137
103
Donald Dr
3797-63-3622
133
135
101
211
3797-63-0325
3797-63-1273
120
156


3797-53-9813
3797-53-9701
130
527
3797-53-8588
130
3797-53-8469
211
3797-53-8352
3797-63-0325
120
156
69
3797-63-1273
260
3797-63-3622
133
135
137
138
134
113
103
101
123
Donald Dr
Delbert Ln
1" = 50'

RECEIVED MAY 2 0 2022

DW

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

## Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-328969 $250.00

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) Existing System Inspection ( ) Septic System Repair

***THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.***

**Page 2: *Site Plan Worksheet* form MUST accompany this application**

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
*Place an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Levi McCoy Address: 133 Donald dr Stony Point NC Zip: 28678

Applicant Email: _____ Phone: 704-775-5004 Alt. Phone: _____

Owner Name: Lucky Mobile Home Trailer Park Address: 112 Donald dr Stony Point NC Zip: 28678

Owner Email: Deatramoore66@gmail.com Phone: 704-929-2498 Alt. Phone: _____

**Property Information:**

Street Address: 133 Donald dr Stony Point NC 28678

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Halliburton rd – Stony Point

**Site Development Information:** *(check or complete ALL that apply*

(✓) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
(✓) Bedroom(s) Addition
( ) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: N/A

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

MH
CHECK FOUNDATION TYPE
ground
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water (✓) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: 1985
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

***I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.***

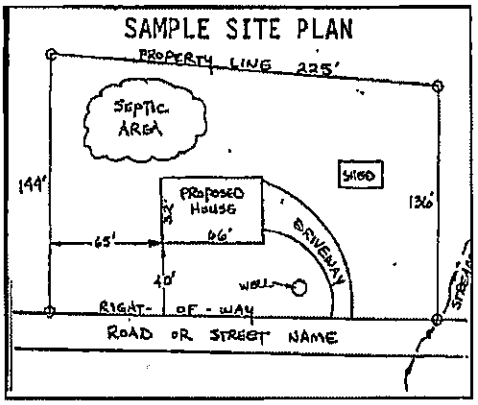
**Signature:** Deatra L Moore 5-19-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *SITE PLAN WORKSHEET***

**SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***




**Place an (X) beside each item as you complete the site plan:**

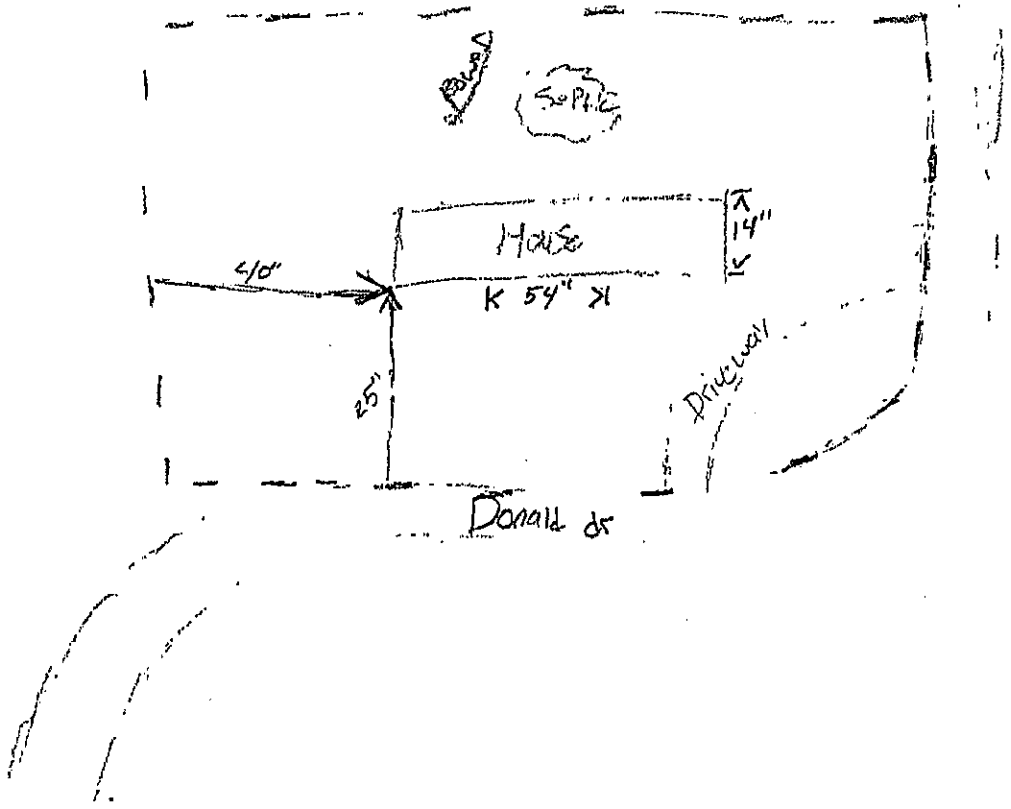
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

**Circle N/A on the following if appropriate:**

| | |
|---|---|
| Location of septic systems and wells within 100' of your property | N/A |
| Location of easements and rights of ways on your property | N/A |
| Location of any designated wetlands on the property | N/A |

## USE THIS SPACE TO DRAW YOUR SITE PLAN

***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***




**Signature:** Deatra L Moore

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-19-22

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

☐ **2.** I, Darlene Lackey Hall, am the legal owner(s) of the property located at 133 Donald dr Stony Point NC 28678, identified as PIN (Parcel Identification Number) Lot #14, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Levi McCoy, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Darlene Lackey Hall
Signature of Owner(s)

5-19-22
Date

**Mooresville - Environmental Health**

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
**By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.**

☒ 2. I, Deatra L Moore, am the legal owner(s) of the property located at 133 Donald Dr. Stony Point NC 28678, identified as PIN (Parcel Identification Number) ~~4A~~ (Lot 14), located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Levi McCoy _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Deatra L. Moore
Signature of Owner(s)

5-19-22
Date

**Mooresville - Environmental Health**
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

# ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

**The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.**

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

LM **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

LM **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

LM **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

LM **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

LM **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

***Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.*** *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

**Backhoe pits are required for all applications that require a soils evaluation.**
**DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.**

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

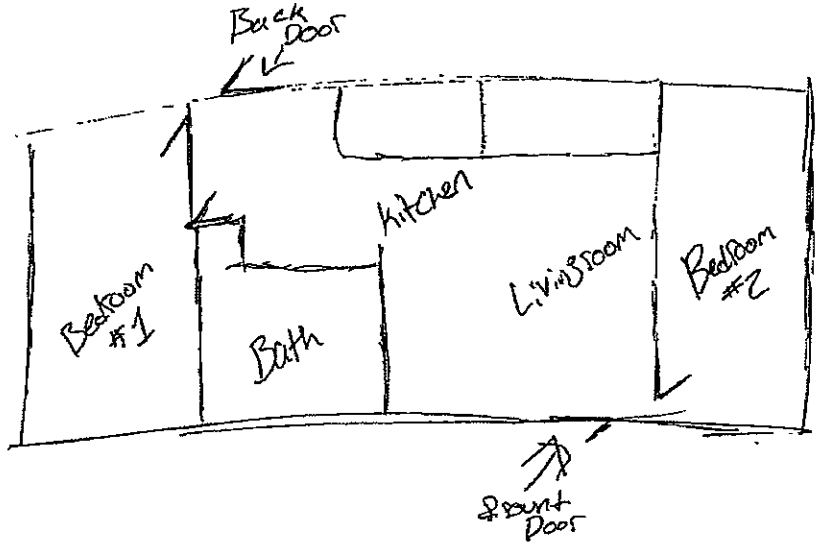
**By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).**

**Signature** Heather L Moore **Date** 5-19-22

Questions? Contact the Environmental Health Offices below:

**Statesville Office**
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

**Mooresville Office**
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625


Back Door
Kitchen
Bedroom #1
Bath
Living Room
Bedroom #2
Front Door

5-19-22

6/22/22

IREDELL COUNTY · NC

**IREDELL COUNTY**
PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
|---|
| **328969**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 3797633622.000 | 133 DONALD DR | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: HALL DARLENE L ETAL | Name: LEVI MCCOY |
| Address: | Address: 65 RURITAN PARK RD<br>APT 3<br>STONY POINT , NC 28678 |
| Phone: | Phone: (704)775-5004 |

| Use Requested | Zone Code |
|---|---|
| Single-Wide Mobile Home | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 8.9686 | 15 | 25 | 20 | 20 | SWIV-PA<br>South Yadkin | NO |

**Remarks**

REPLACEMENT OF SW

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

**Date:** 05/19/2022

Signature of Owner/Contractor

| Permit Number | 328969 | TOTAL FEES: | $77.25 |
|---|---|---|---|

**IREDELL COUNTY PLANNING & DEVELOPMENT**
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

3289.69
B2580030

# Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide replacement ✓ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): Energy United

Does the property have community water? (Yes) No If yes, please list who provides it: Energy United

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

**Owner Information**

Property Owner's Name Deatra Moore Phone # 704-929-2498

Owner's Current Address 112 Donald Dr.

**Property Information**

Property Address 133 Donald Dr. Parcel # _____

Subdivision:_____ Lot: 14 Zoning:____ Watershed: Y / N Flood Plain: Y / N Township:_____

Directions to property (from a MAIN ROAD) _____

**Application Information**

Applicant's Name or Company Levi McCoy Applicant's Phone # 704-775-5004

Applicant's Address 165 Ruritan Park Rd. Apt. 3

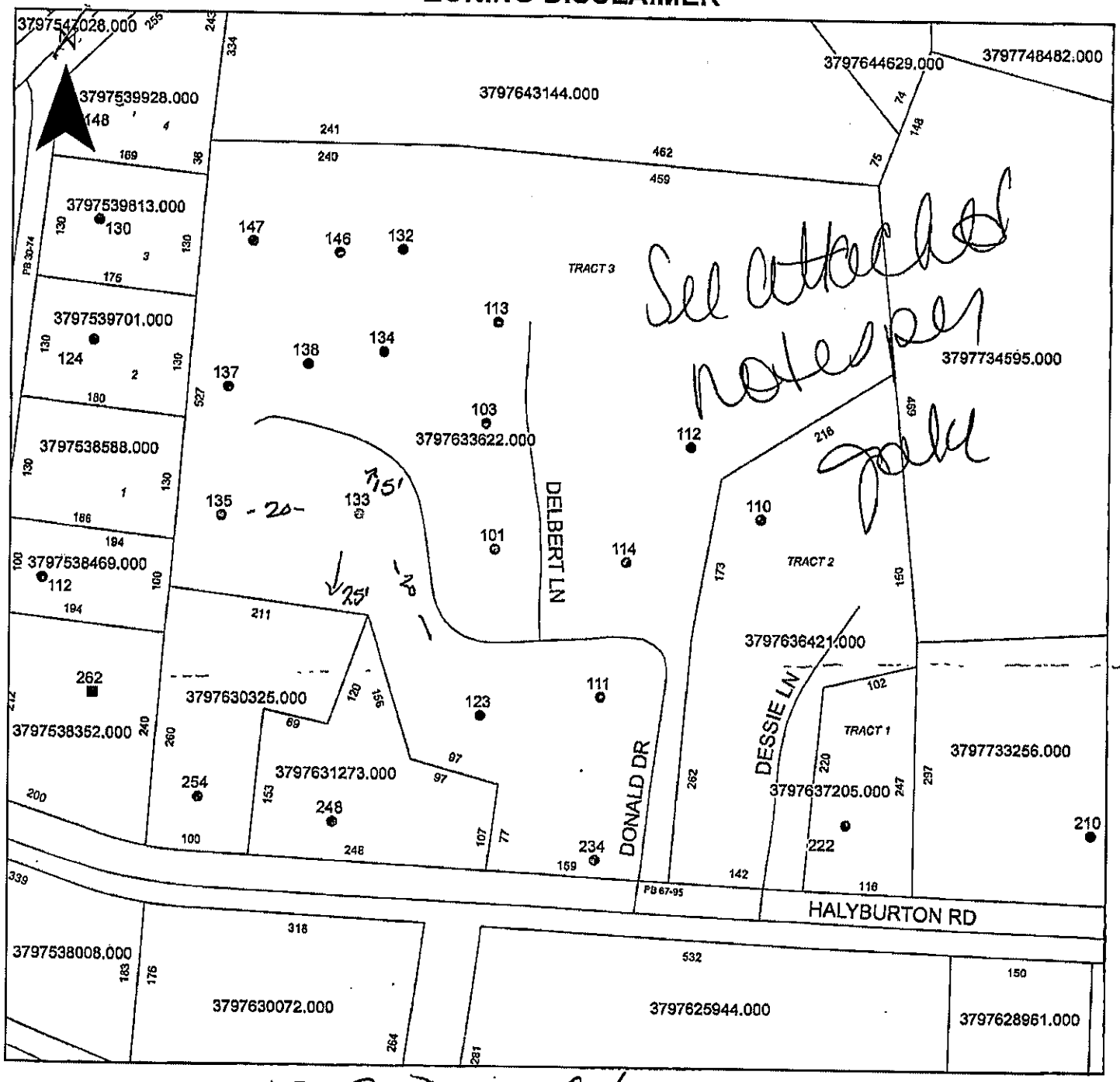
If Company, Representative's Name and Title_____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Levi McCoy DATE 5-10-2022

B. 9688
PAID
N

# ZONING DISCLAIMER




Property Address 133 Donald

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

5-19-22

Date

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214771

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

PIN # 3797633640.133

APPLICANT: Michael MacFadyen APPLICANT ADDRESS: 133 Donald Dr.

SITE ADDRESS: 133 Donald Dr. PHONE: 828-404-5398 ALT. PHONE: N/A

SITE DIRECTIONS: Taylorsville Hwy West TR Calhoun TR Halyburton TL Donald Drive. Property on left

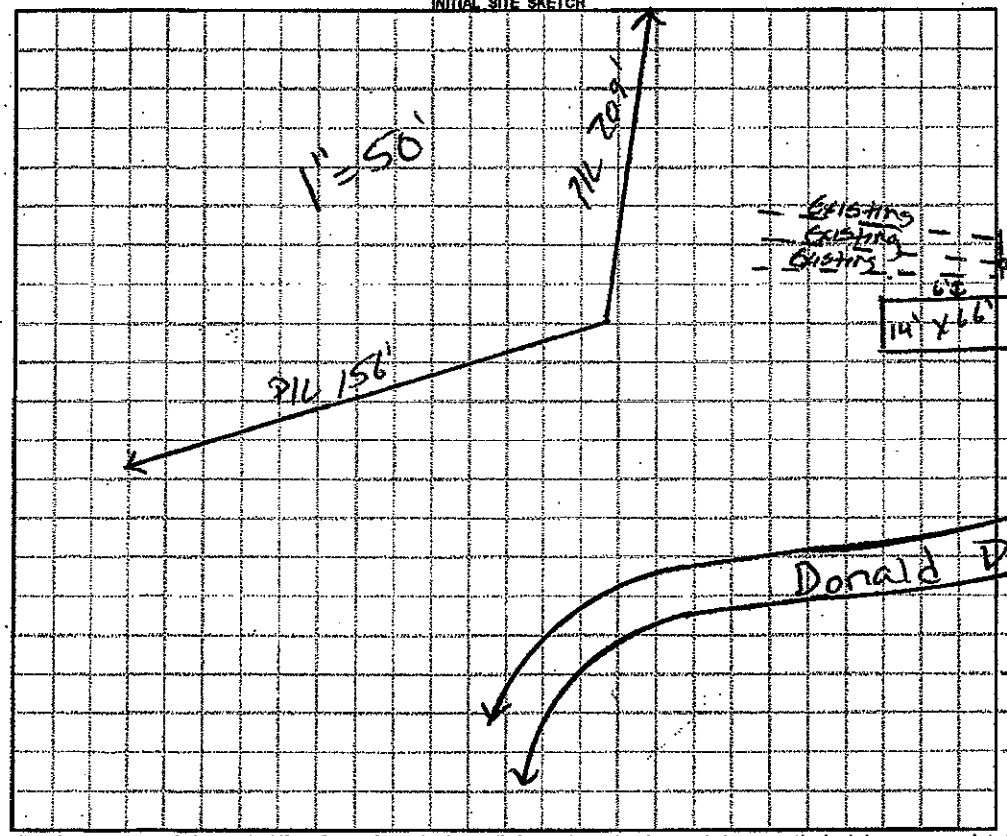
SUBDIVISION: LACKEY MH Park SECTION: N/A LOT # N/A LOT AREA: 8.86 acres DESIGN FLOW: 240gpd L.T.A.R.: Existing

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank: Existing (gal) | STB | Date | ☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI | ☑ Residence | No. Bedrooms: 2 | Water Supply: ☐ Private |
| Pump Tank (gal) | PT | Date | System Description: Existing | ☐ Business | No. Persons: 4 | ☑ Public |
| Pump Make | Model | Serial # | Repair System Description: | ☐ Other | No. Employees | ☐ Community |
| # Nitrification Fields: Ex | # Lines: Ex | Linear Ft: Ex | Maintenance Agreement Required: ☐ YES ☑ NO | ☐ Slab | ☑ Crawl Space | |
| Trench Width: Ex | Max. Trench Bottom Depth: Ex | Gravel Depth: Ex | ☐ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

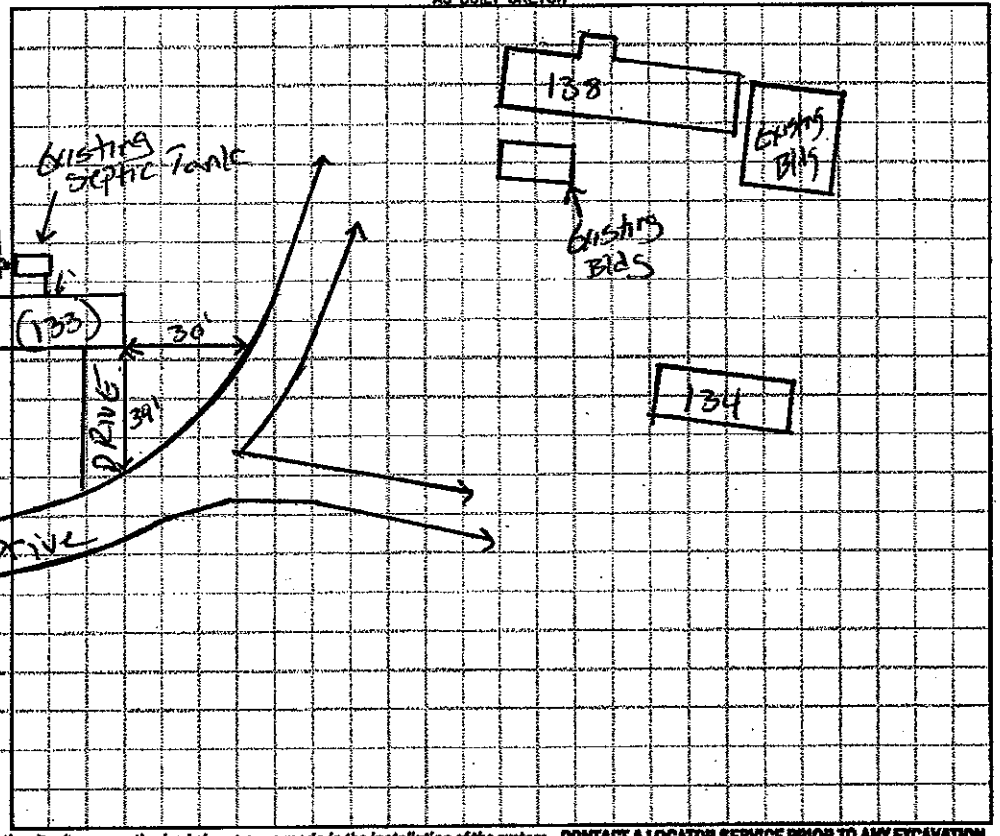
Comments / Conditions:

- Maintain a minimum of 5' between 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: Darlene MacFadyen Date: 5-12-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 5-10-16

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