IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217610

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

PIN # 4616-98-4468

APPLICANT: BRUCE PRINCE APPLICANT ADDRESS: 8320 HOLBROOK

SITE ADDRESS: 110 RENWICK LN. , MRSVL. PHONE: 704-201-6474 ALT. PHONE:

SITE DIRECTIONS: BSR, TR MCKENDREE, TR 2ND LAKEVIEW SHORES, TL RENWICK, C END

SUBDIVISION: CLT (LKN Recreation Lots) SECTION: 8 LOT # 231 LOT AREA: .68AC DESIGN FLOW: 360 L.T.A.R.: —

Septic Tank ____ (gal) STB ____ Date ____
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields EXISTING # Lines ____ Linear ft: ____
Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

☐ 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 ☑ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 3 No. Persons ____ No. Employees ____

Water Supply: ☑ Private ☐ Public ☐ Community

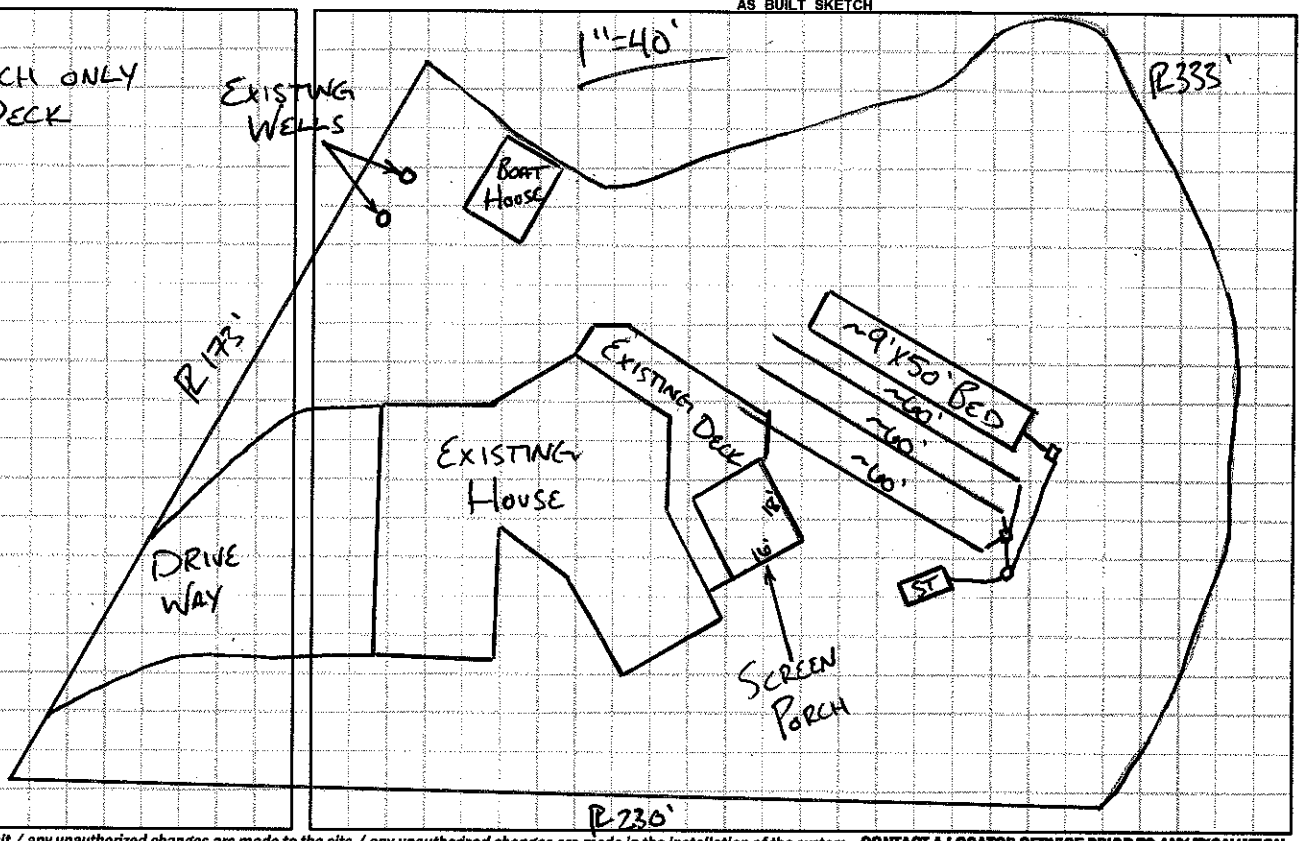
Comments / Conditions:

SCREEN PORCH

INITIAL SITE SKETCH

EXISTING SYSTEM FOR SCREEN PORCH ONLY
SEPTIC RUNS UNDER EXISTING DECK

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: _____ Date: 7/14/16 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: APPROVED APR 22 2016

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