# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 163000 PIN # 4626 05 7366 DATE August 26, 2010

OWNER or APPLICANT Shawn Sweet PHONE: Business 704-654-8419 Home:

OWNER or APPLICANT ADDRESS 831 Kemp Rd. Mooresville NC 28117

LOCATION / DIRECTIONS Brawley School Rd. TR McKendrie Tl 2nd Kemp on left

SUBDIVISION Clot BLOCK / SECTION 8 LOT # 185 LOT AREA .89 Ac. DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 1 Linear Feet 70 *

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth 6" sand

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

System Description: PPBPS gravity + existing

Repair System Description: TS-II Pretreatment to PPBPS

Maintenance Agreement Required ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions Properly abandon Bed system before construction of pool

* Segments of this line to be less than 50'

Comments / Conditions ** total including existing

INITIAL SITE SKETCH

See Plan from Michael Athanas & Assoc. Approved by ICHD

AS BUILT SKETCH

4010

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

Owner / Applicant Signature: [signature] Date 5/1/13

Improvement Permit by: [signature] Date 8-26-10

Authorzation to Construct by: [signature] Date 5/3/13

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: ____ Date: ____

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

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant