IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205499

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

PIN # 4626-31-1617

APPLICANT: KAY SHORT APPLICANT ADDRESS: PO Box 3792 MOORESVILLE, NC

SITE ADDRESS: 526 CHUCKWOOD RD. PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: RSR, TR CHUCKWOOD, ON R

SUBDIVISION: HOLIDAY HARBOR SECTION: LOT # 96 LOT AREA: .82 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 825 Date 2-4-15
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 C 100' Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE PLAN FROM KATHLEEN SAUNDERS

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**

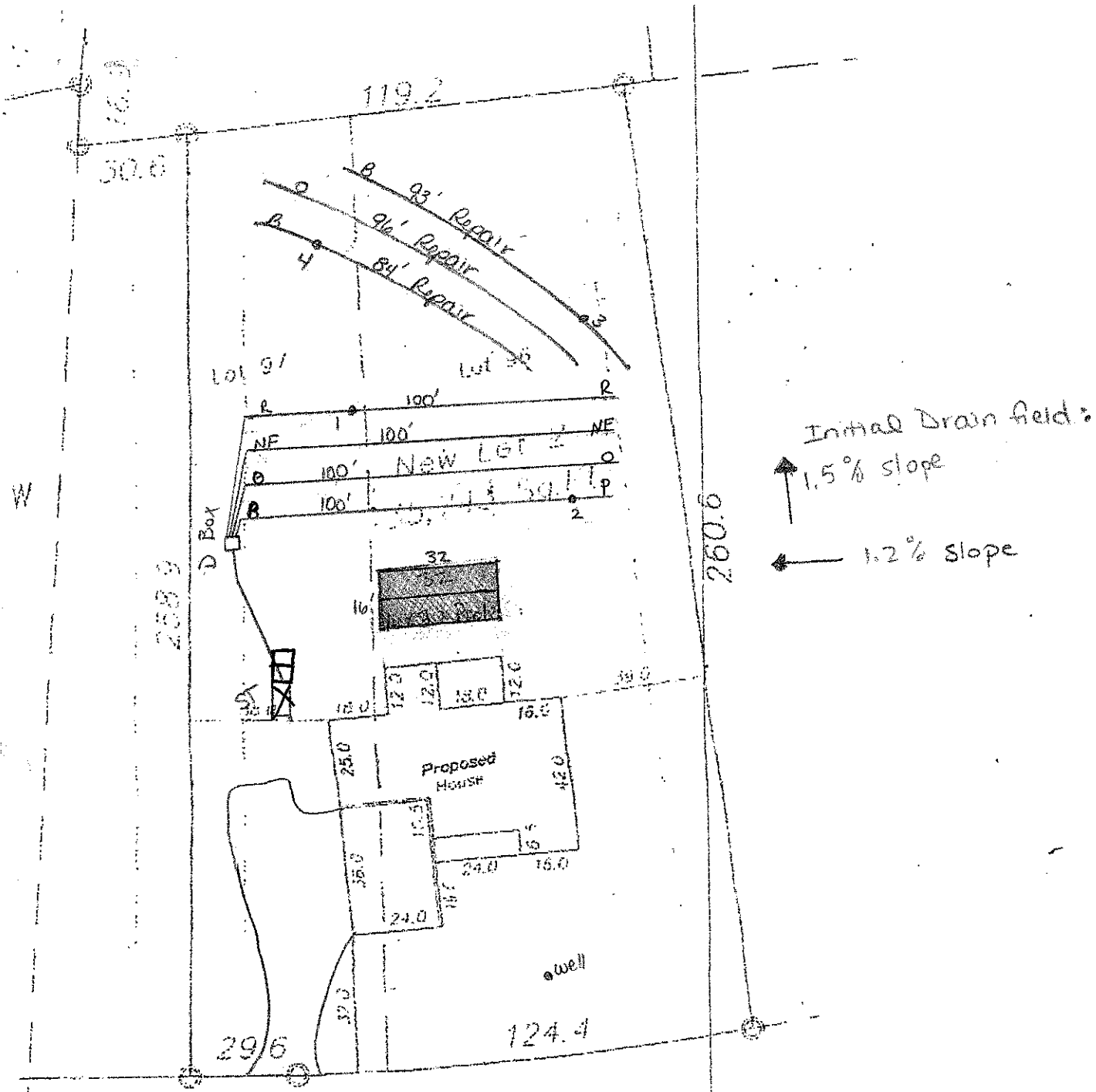
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Date: 5-27-15 OPERATION PERMIT by: Date: 5-28-15

AUTHORIZATION TO CONSTRUCT by: Date: 5-27-15 Existing System Inspected by: Date:

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



APPROVED MAY 27 2015

1" = 40'