IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 179500 BF

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

PIN # 4626-53-2769

APPLICANT: JOHN CARTER APPLICANT ADDRESS: 252 SOUTH FORK RD

SITE ADDRESS: SAME PHONE: 704-664-6614 ALT. PHONE:

SITE DIRECTIONS: BSR, TR SOUTHFORK, ON R

SUBDIVISION: CLET SECTION: 8 LOT # 11660 LOT AREA: DESIGN FLOW: 360 L.T.A.R.:

Septic Tank Ex. 1000 (gal) STB Date

Pump Tank Ex. 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft:

Trench Width Max Trench Bottom Depth EXISTING Gravel Depth

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

System Description: LP- CONVENTIONAL

Repair System Description:

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

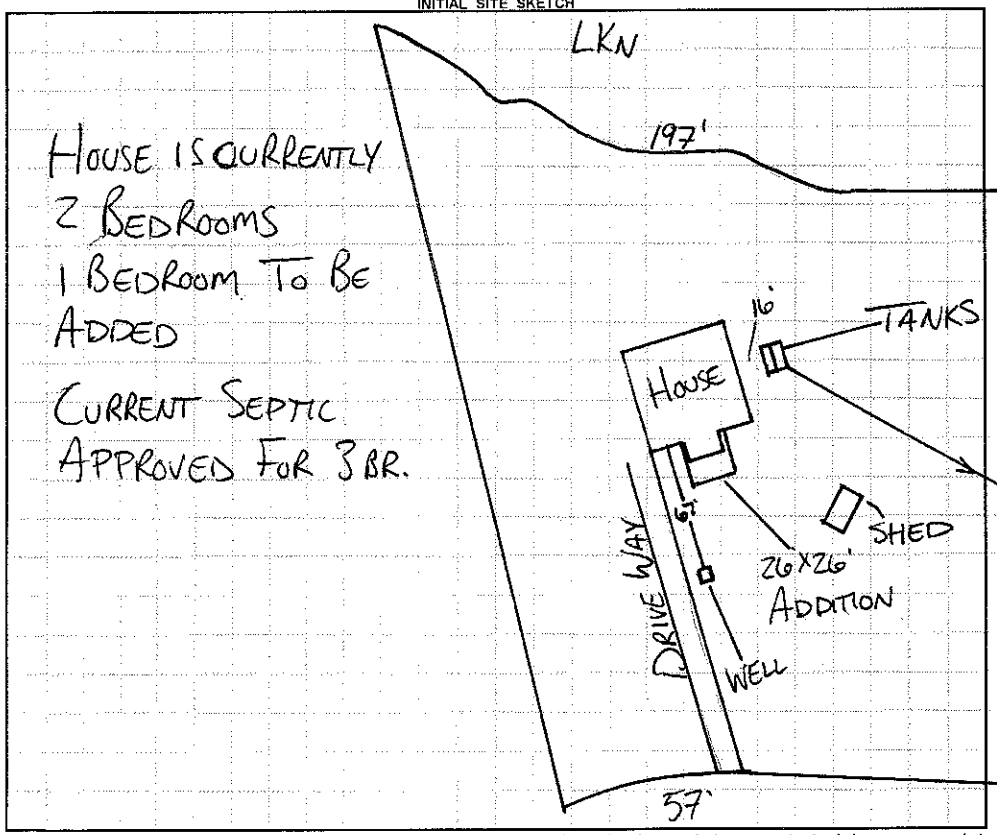
☒ Private

☐ Public

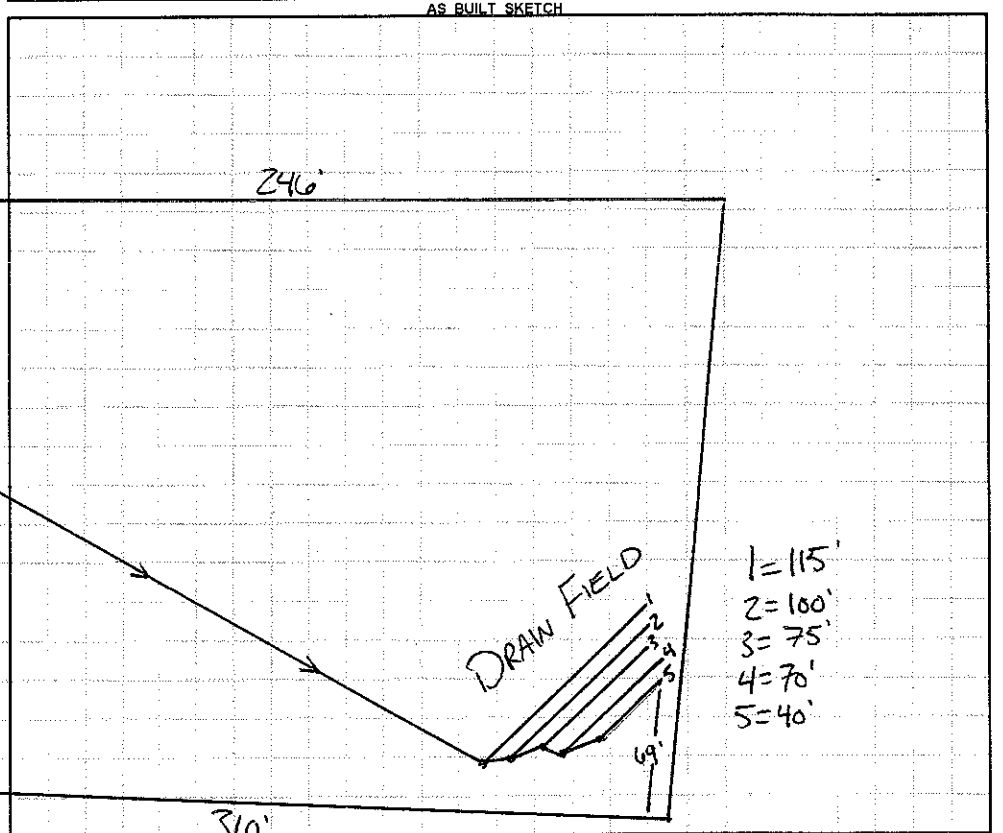
☐ Community

Comments / Conditions:

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: J A Carter Date: 5/22/2013 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: RA Date: 8-15-13

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