IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 216414

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

PIN # 4626-81-9577

APPLICANT: WILLIAM & NICOLE VANNESS | APPLICANT ADDRESS: 106 BREAKWATER CT. - MOORESVILLE

SITE ADDRESS: SAME | PHONE: 704-902-6779 | ALT. PHONE:

SITE DIRECTIONS: BSR, TL GREAT POINT, TL WILD HARBOR, TL ATLANTIC, TR BREAKWATER

SUBDIVISION: THE POINT ON NORMAN | SECTION: 3 | LOT # 319 | LOT AREA: .743 AC | DESIGN FLOW: 480 | L.T.A.R.: .25

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: PM-25% REDUCTION
Repair System Description: PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

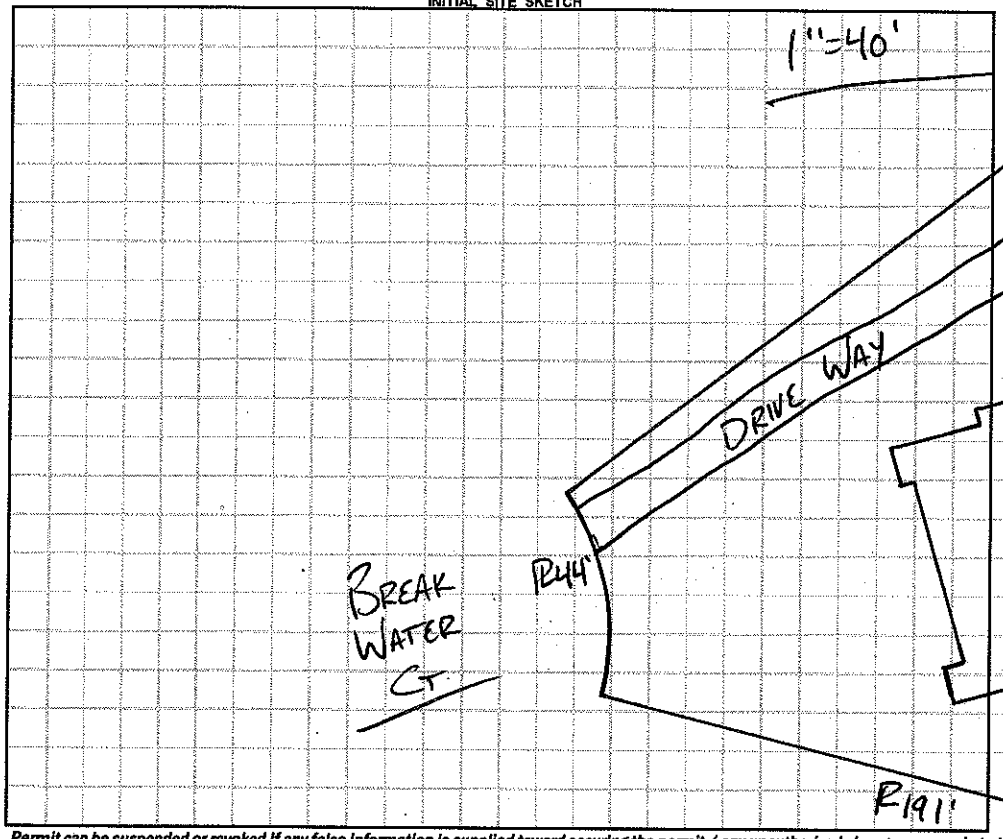
☐ Residence ☐ Business ☒ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 | No. Persons ____ | No. Employees ____ | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

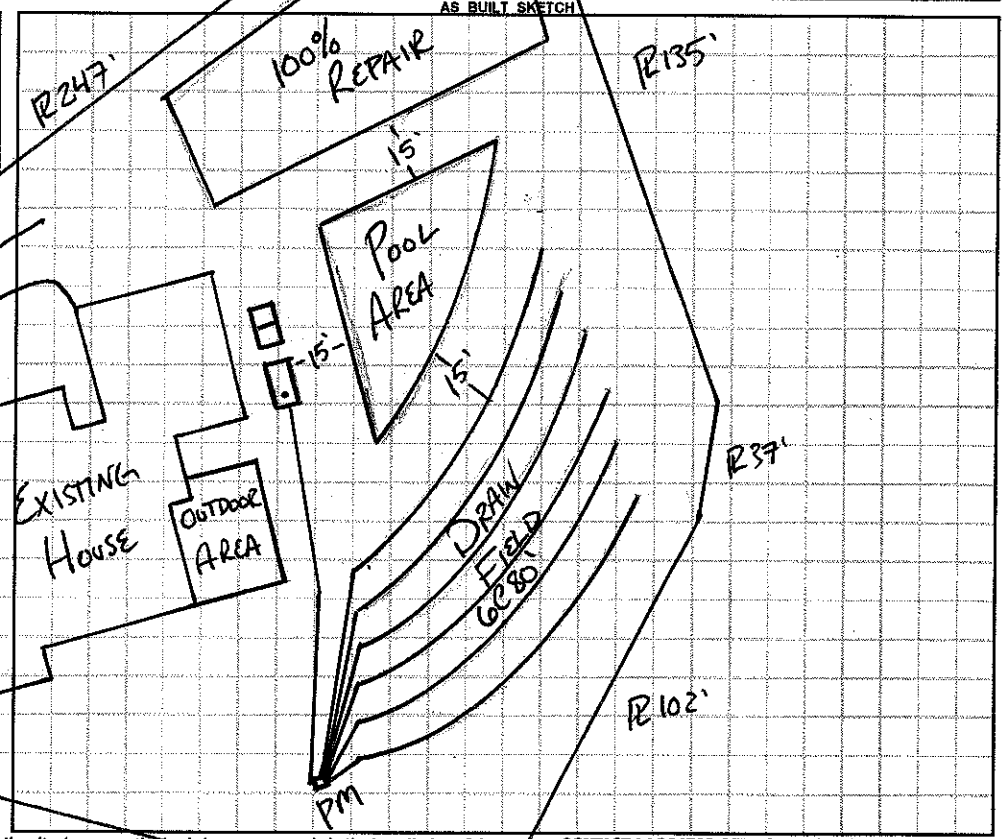
Comments / Conditions: WATERS EDGE OF POOL MUST BE 15' FROM SEPTIC. DECKING MUST BE 5'.

POOL / OUTDOOR AREA

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: [signature] Date: 3/14/16 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: 3-11-16

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: ____

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