# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200615

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

PIN # 4629531783 V

APPLICANT: Richard Wilson APPLICANT ADDRESS: 2210 James Way

SITE ADDRESS: 194 April Rd. PHONE: 704-902-2343 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 S TR Peath Rd TR State Park Rd TL Morrison Farm Rd. TR April Rd.

SUBDIVISION: Hawkes Bay SECTION: N/A LOT # 19 LOT AREA: 1.391 acres DESIGN FLOW: 480gpd L.T.A.R.: Existing

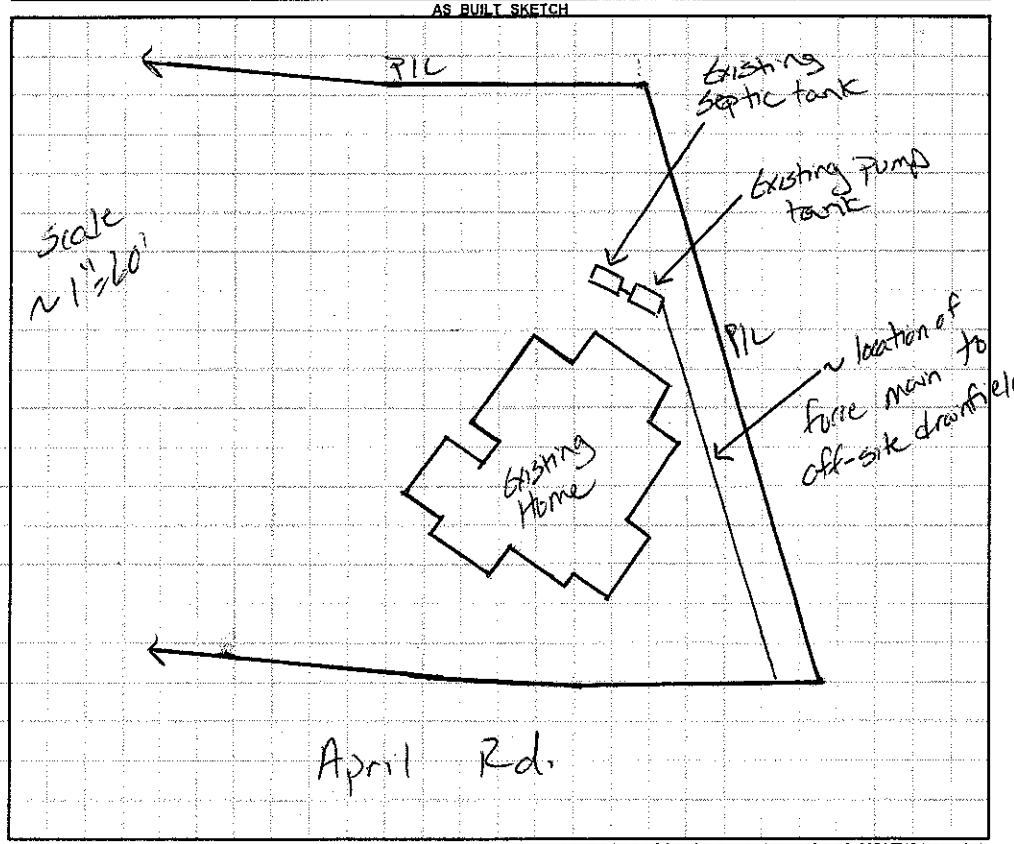
| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Existing | (gal) | STB | | Date | | ☐ New System ☐ Repair ☐ Expansion System Type: I II ☑ III IV V VI | | ☑ Residence | No. Bedrooms | 4 | Water Supply | |
| Pump Tank | Existing | (gal) | PT | | Date | | System Description: 25% Reduction - Pump | | ☐ Business | No. Persons | 8 | ☑ Private | |
| Pump Make | | | Model | | Serial # | | Repair System Description: Low Pressure PPBPS | | ☐ Other | No. Employees | | ☐ Public | |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft: | 6x | | Maintenance Agreement Required: ☐ YES ☑ NO | | ☐ Slab | ☐ Crawl Space | | ☐ Community | |
| Trench Width | 6x | Max. Trench Bottom Depth | 6x | Gravel Depth | 6x | | ☐ GRAVITY ☑ PRESSURE | | ☑ Basement w/ plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions:

- New Bedroom additions to be built within footprint of existing house site.

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 plan 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: 1-2-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 12-31-13

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