IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203431

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

PIN # 4629959757

APPLICANT: Alex Mayer APPLICANT ADDRESS: 18240 Peninsula Club Dr Cornelius NC 28031

SITE ADDRESS: 106 Patio Ln Troutman NC PHONE: 704-236-5123 ALT. PHONE: N/A

SITE DIRECTIONS: OFF Stillwater

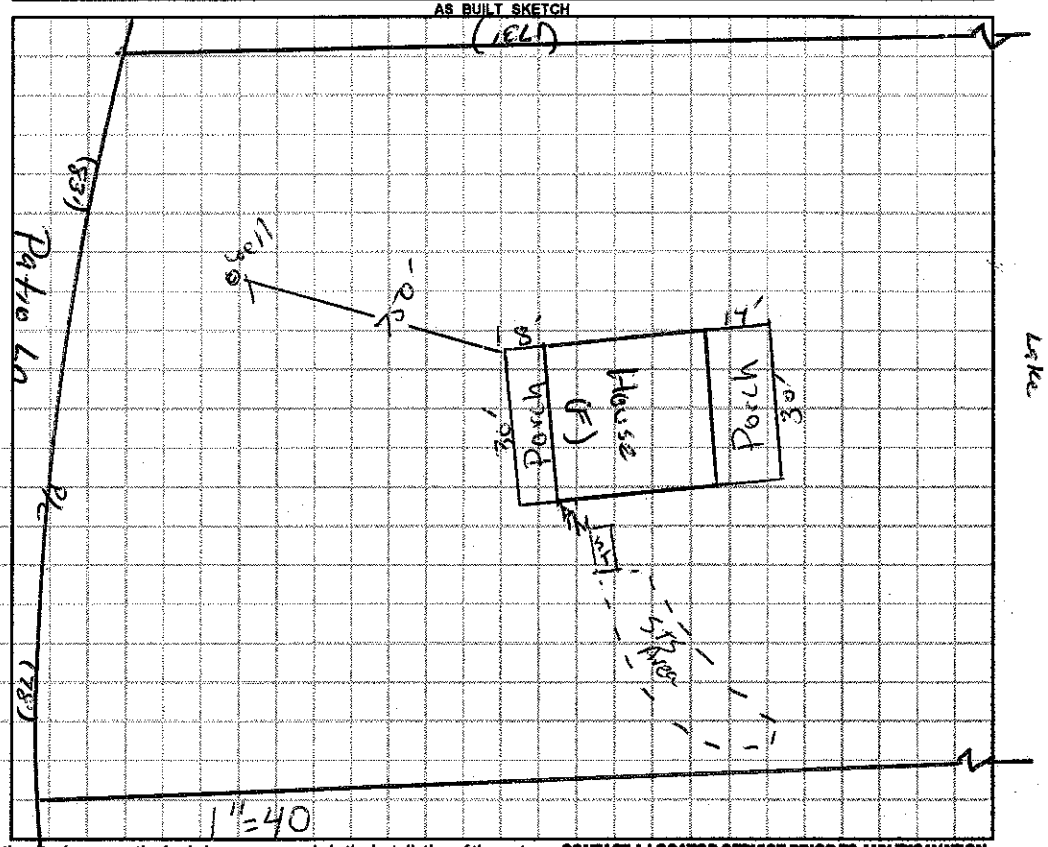
SUBDIVISION: CL&T SECTION: N/A LOT # 10 LOT AREA: 0.72 DESIGN FLOW: EX L.T.A.R.: EX

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

Comments / Conditions: All building foundations must be ≥5' from any part of STS

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: Alex Mayer Date: 6/6/14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 06/04/14

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