Proposed Deck Exis System ques Ø

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 155812 PIN # 4635373482.000 DATE 4/8/09

OWNER or APPLICANT Krist+Becky Houck PHONE: Business _____ Home: 704 622-6855

OWNER or APPLICANT ADDRESS 534 Isle of pines Rd.

LOCATION / DIRECTIONS Brawley Sch Rd TL Isle of Pines on right corner of Harbervrew + Isle of Pines

SUBDIVISION Surfside Est. BLOCK / SECTION _____ LOT # 35 LOT AREA _____ DESIGN FLOW Exis L.T.A.R. _____

Septic Tank _____ Gallons: STB _____ Date _____

Pump Tank Existing System Gallons: PLT _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields____ No Lines____ Linear Feet_____

Trench Width _____ Max. Trench Bottom Depth _____ Gravel Depth _____

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

System Description: _____

Repair System Description: Existing System

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms _____

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☑ Private well Exis

☐ Public

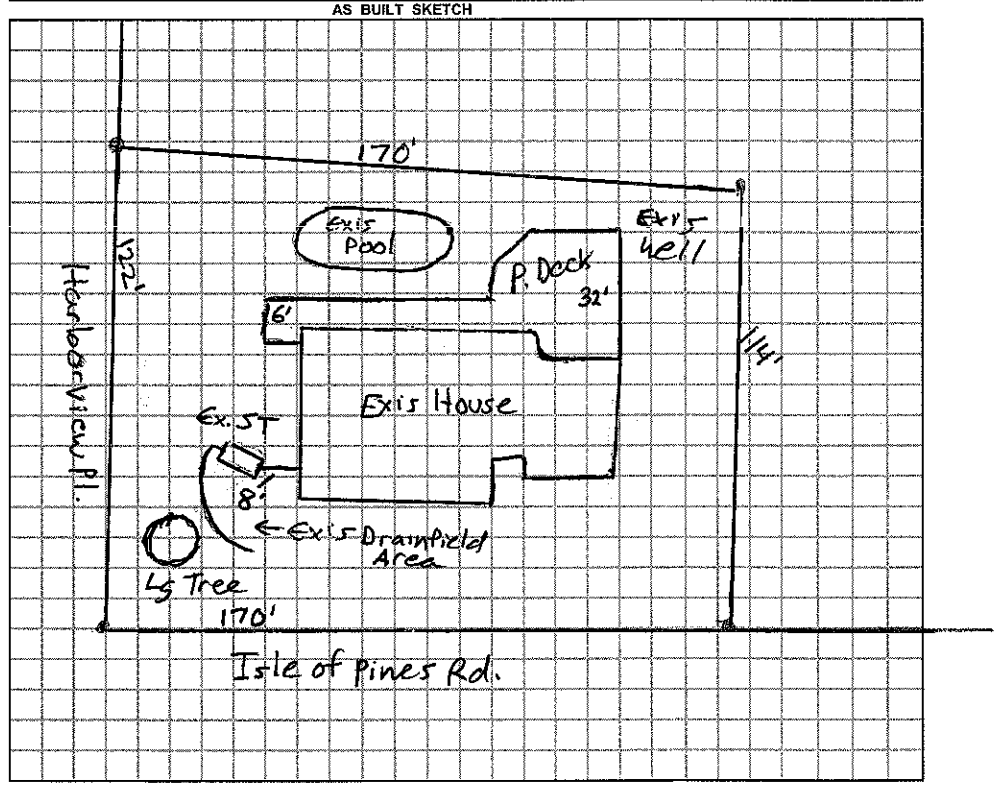
☐ Community

Comments / Conditions Existing permit could not be located in Health Dept. records.

Comments / Conditions Proposed Deck does not appear to affect Existing septic system.

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / 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 4/8/09

Improvement Permit by: _____ Date _____

Authorization to Construct by: _____ Date _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: _____

Operation Permit by: _____ Date: _____

Existing System Inspected by: Anthony Coker Jr. R.S. Date: 4/8/09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant