IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203705

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

PIN # 4635-79-7822.000

APPLICANT: DAECHER / JACOBS INC. APPLICANT ADDRESS: 445 IDLEWILD DR. HAYS NC

SITE ADDRESS: 220 COMMODORE LOOP PHONE: 336-957-4425 ALT. PHONE:

SITE DIRECTIONS: BSR, STUTTS, COMMODORE LOOP

SUBDIVISION: COMMODORE PENINSULA SECTION: LOT # 178 LOT AREA: DESIGN FLOW: L.T.A.R.:

Septic Tank (gal) STB Date
Pump Tank (gal) PT Date
Pump Make EXIST Model Serial #
Nitrification Fields # 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: GRAVEL
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

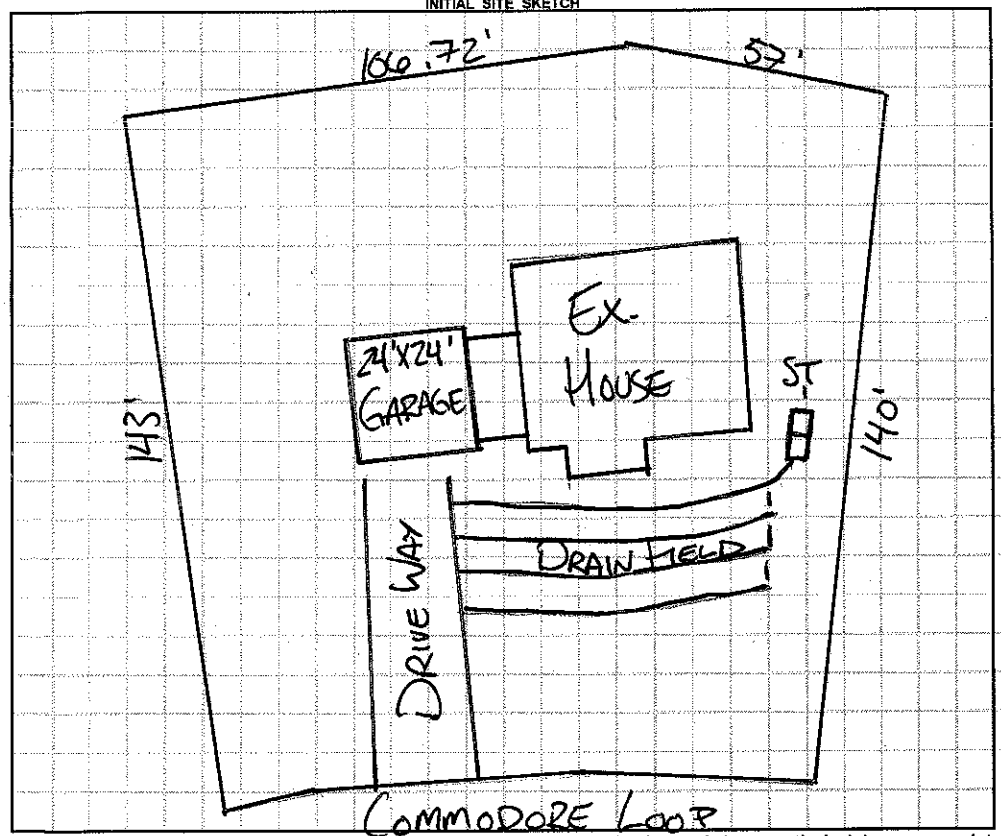
☐ Residence No. Bedrooms
☐ Business No. Persons
☒ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

GARAGE

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

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: Date: 9/3/14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by:

APPROVED AUG 29 2014

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