IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218562

ALP

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

PIN # 4637-11-7738

APPLICANT: WILLIAM WILSON APPLICANT ADDRESS: 327 BLUME RD.

SITE ADDRESS: SAME PHONE: 704-696-8525 ALT. PHONE:

SITE DIRECTIONS: BSR, TR BLUME, ON L

SUBDIVISION: EDGE WATER PARK SECTION: 2 LOT # 18 LOT AREA: .854 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 Ex. (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth EXISTING Gravel Depth —

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL
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

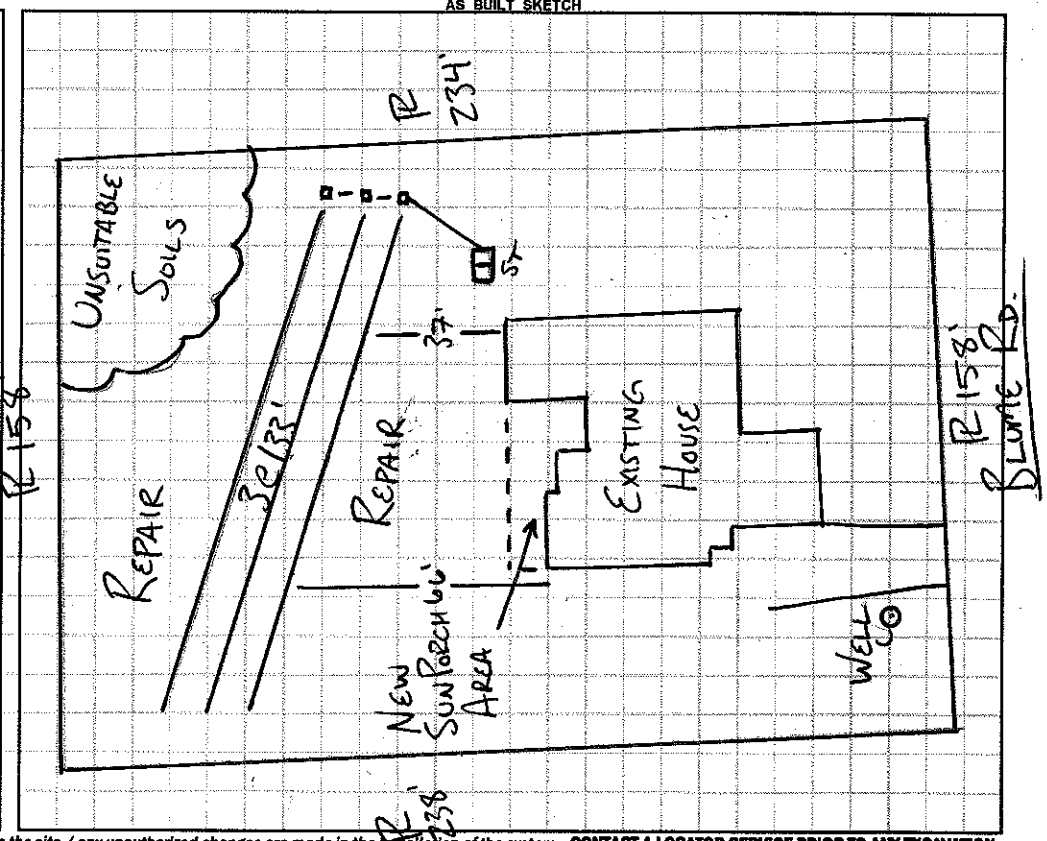
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

SUN PORCH

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: William Wilson Date: 10/23/2015 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: RA Date: APPROVED OCT 20 2015

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

