IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215421

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

PIN # 4638331419 ✓ DECK

APPLICANT: Joseph Torres APPLICANT ADDRESS: 657 Normandy Rd.

SITE ADDRESS: 657 Normandy Rd. - Mooresville PHONE: 516-356-7012 ALT. PHONE: N/A

SITE DIRECTIONS: Perth Rd to Normandy Rd. ~ 2 miles on left

SUBDIVISION: Normandy Hill SECTION: N/A LOT # 6 LOT AREA: 0.63 acres DESIGN FLOW: Existing 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	Ex	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Existing			☐ Business	No. Persons	Ex	☑ Private
Pump Make		Model	Serial #	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:

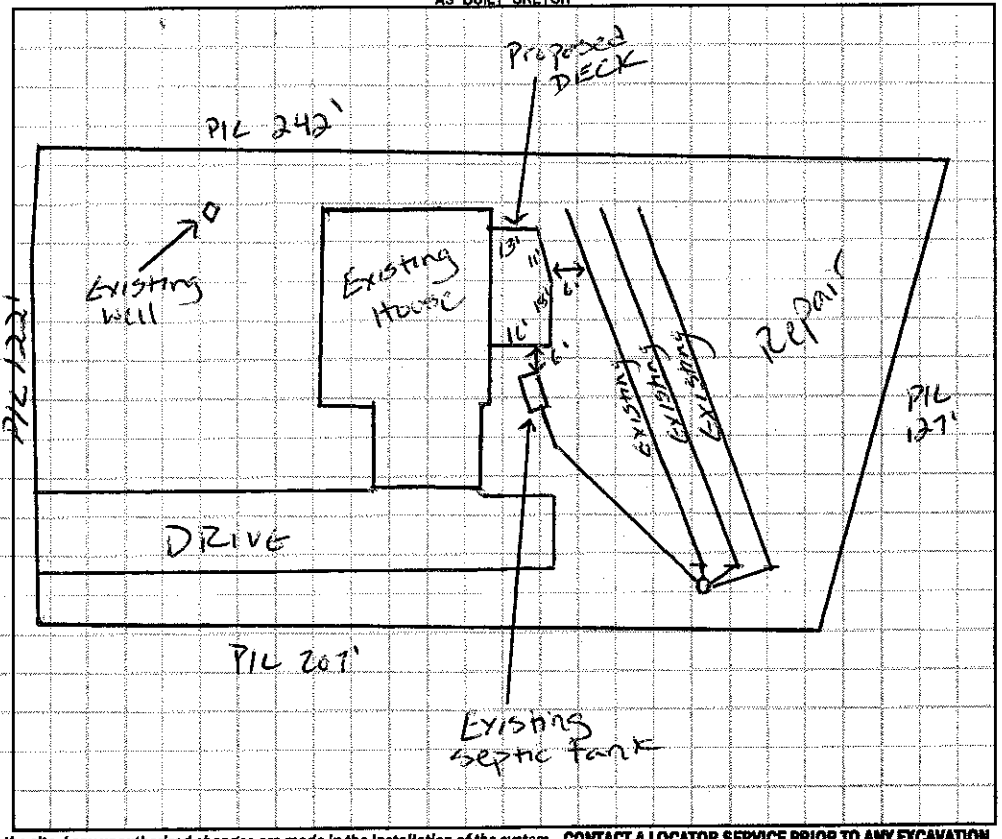
- Maintain a minimum of 5' between proposed deck foundation & all components of septic tank system.

INITIAL SITE SKETCH

1" = 50'

Normandy Rd.

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: _____ Date: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Justin Henderson Date: 1-14-16

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