IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 174491

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

PIN # 4638 35 70 98

APPLICANT: APPLICANT ADDRESS:

SITE ADDRESS: PHONE: ALT. PHONE:

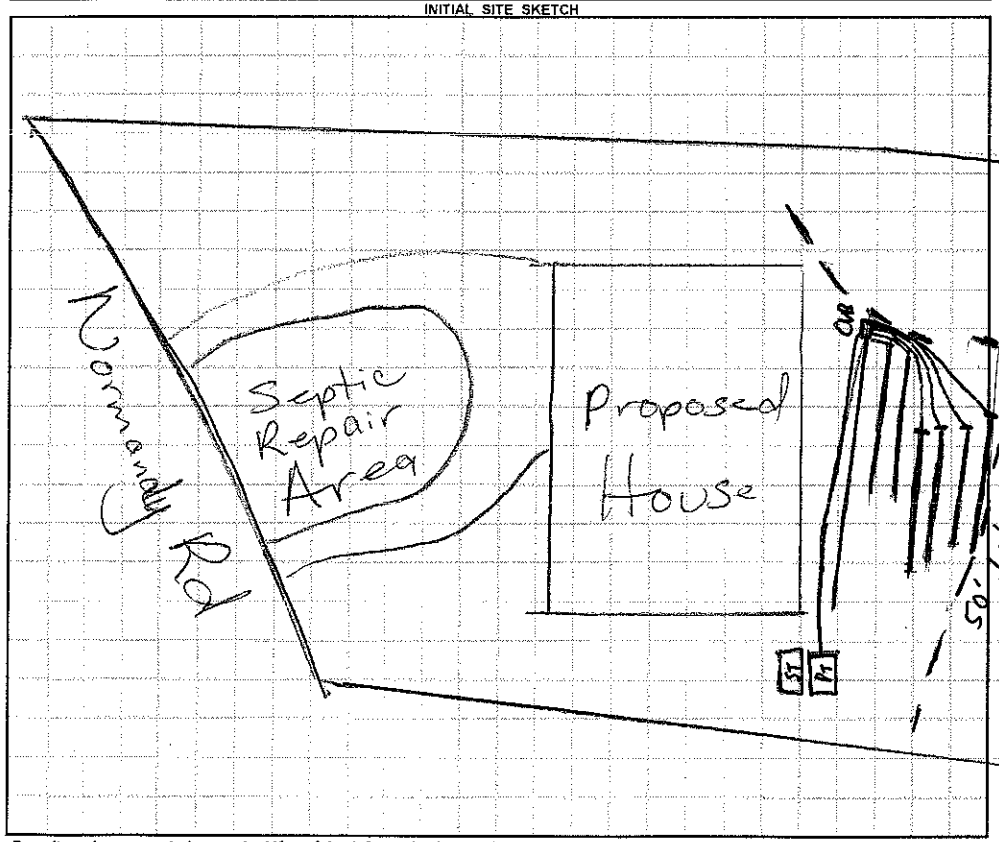
SITE DIRECTIONS:

SUBDIVISION: CLOT SECTION: 11 LOT # 96 LOT AREA: DESIGN FLOW: L.T.A.R.:

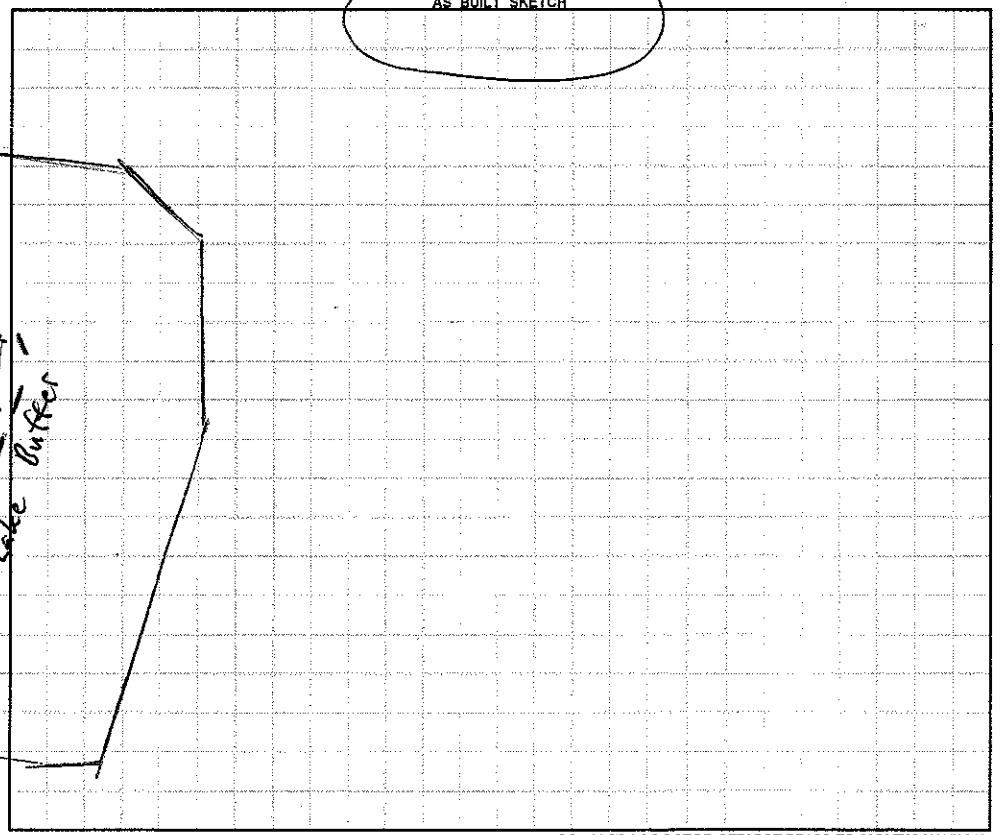
Septic Tank ____ (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☐ Residence	No. Bedrooms		Water Supply
Pump Tank ____ (gal)	PT	Date	System Description: LP Panel Block		☐ Business	No. Persons		☐ Private
Pump Make	Model	Serial #	Repair System Description: Same		☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 7	Linear Ft: 268	Maintenance Agreement Required:	☐ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width 24"	Max. Trench Bottom Depth 36"	Gravel Depth N/A		☐ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

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: Date: Installed by:

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

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

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