IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 209274

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

PIN # 4638-43-1834

APPLICANT: RELIABLE WOODWORKS | APPLICANT ADDRESS: 2989 OLD SALISBURY RD CONCORD

SITE ADDRESS: 426 NORMANDY RD. 106 KILKEE, MRSVL | PHONE: 704-782-5438 | ALT. PHONE:

SITE DIRECTIONS: PERTH, NORMANDY, CORNER W/ KILKEE

SUBDIVISION: CLET | SECTION: 11 | LOT # 115 | LOT AREA: | DESIGN FLOW: | L.T.A.R.:

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EXISTING # 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: CINDER BED (~8'X40')
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

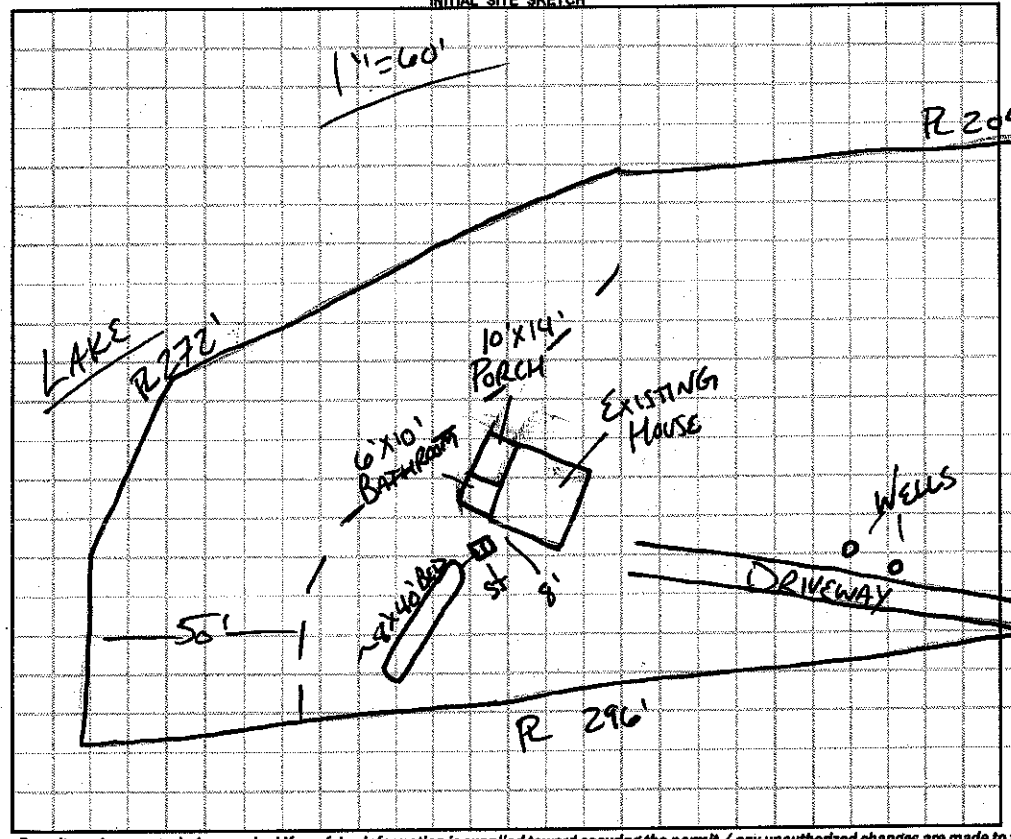
☐ Residence No. Bedrooms
☐ Business No. Persons
☒ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

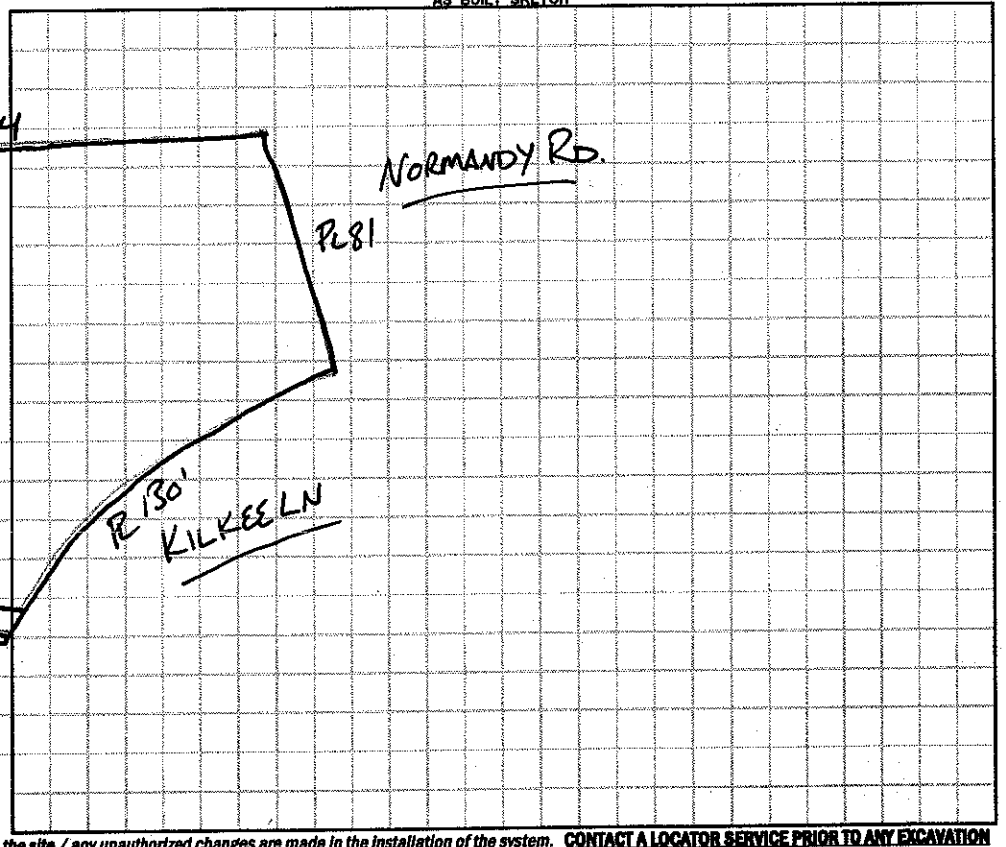
Comments / Conditions:

BATHROOM & PORCH ADDITION

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: [signature] Date: 4/23/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: APPROVED APR 14 2015

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