IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # RA 204051

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

PIN # 4638-49-8237

APPLICANT: Carolina Contracting Services APPLICANT ADDRESS: 452 Patterson St Troutman NC 28166

SITE ADDRESS: 114 Seneca Place PHONE: 704-507-3272 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W, TR on Perth, TL on Stumpy Crk, TL on Seneca Pl, House on R

SUBDIVISION: CL & T SECTION: 14 LOT # 106 LOT AREA: 0.857 ac DESIGN FLOW: 240 gpd L.T.A.R.:

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

☐ New System ☐ Repair ☐ Expansion System Type: I ☐ II III IV V VI
System Description: EXISTING BED (Cylinder)
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO ☑ GRAVITY ☐ PRESSURE

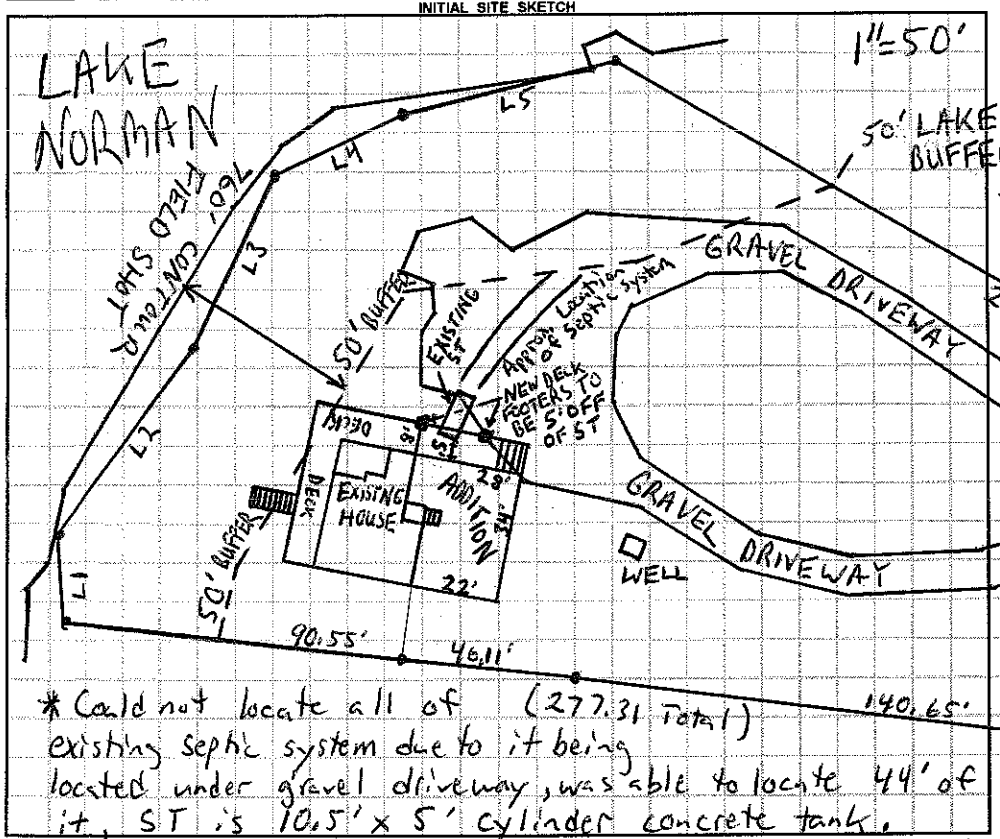
☑ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Existing ST to be located partially under new deck addition, no foundation / footers to be within 5 Ft of the existing ST. Addition is to expand master bed and addition of Kitchen.

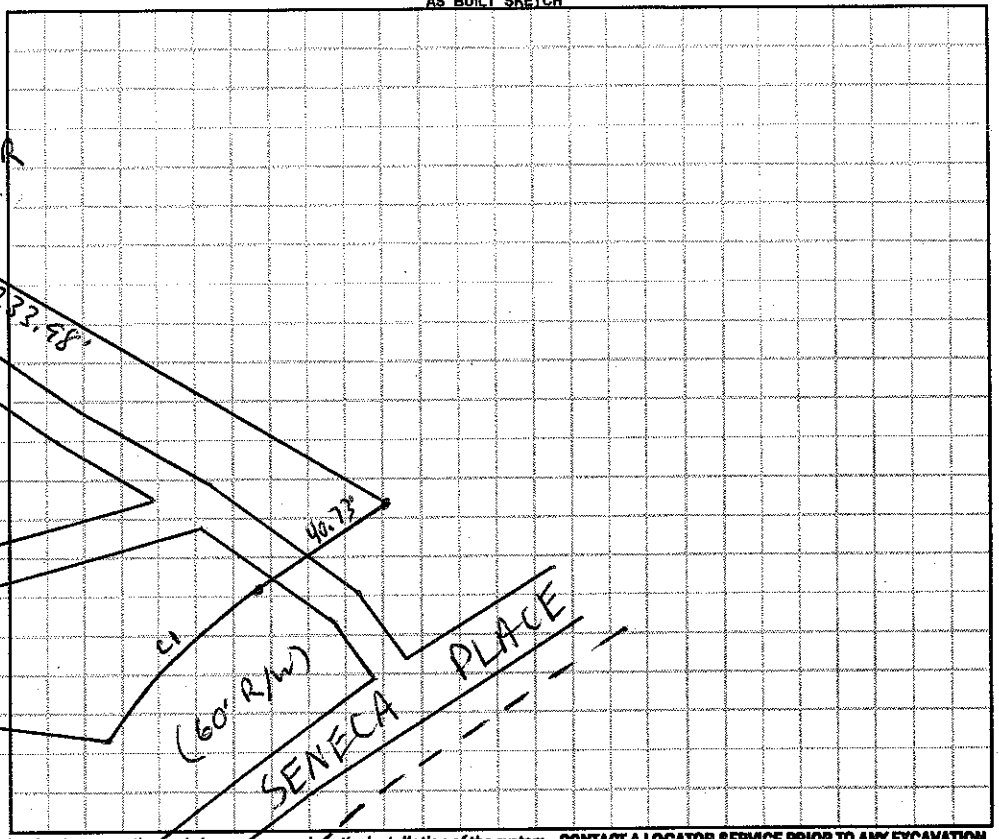
* SEPTIC SYSTEM WAS FUNCTIONING PROPERLY AT TIME OF INSPECTION *

INITIAL SITE SKETCH



* Could not locate all of (277.31 Total) existing septic system due to it being located under gravel driveway, was able to locate 44' of it, ST is 10.5' x 5' cylinder concrete tank.

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] 10-13-14 Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 10-10-14

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