IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ✓MOORESVILLE 704-664-5281

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

PERMIT # 174207 PIN # 4638-78-2148 DATE 8-23-12

OWNER or APPLICANT CRAIG SIDES PHONE: Business 704-661-7107 Home:

OWNER or APPLICANT ADDRESS 113 AVOCET CT.

LOCATION / DIRECTIONS PERTH, TL SEA TRAIL, TR AVOCET

SUBDIVISION HARBOR VIEW BLOCK / SECTION 7 LOT # 24 LOT AREA 1.249AC DESIGN FLOW 480 L.T.A.R. .3

Septic Tank Ex. 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields ____ No Lines EXISTING Linear Feet ____

Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 4

☐ Business No. Persons ____

☒ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: DECK

Comments / (

The proposed / existing DECK addition does not appear to impact the existing septic system.

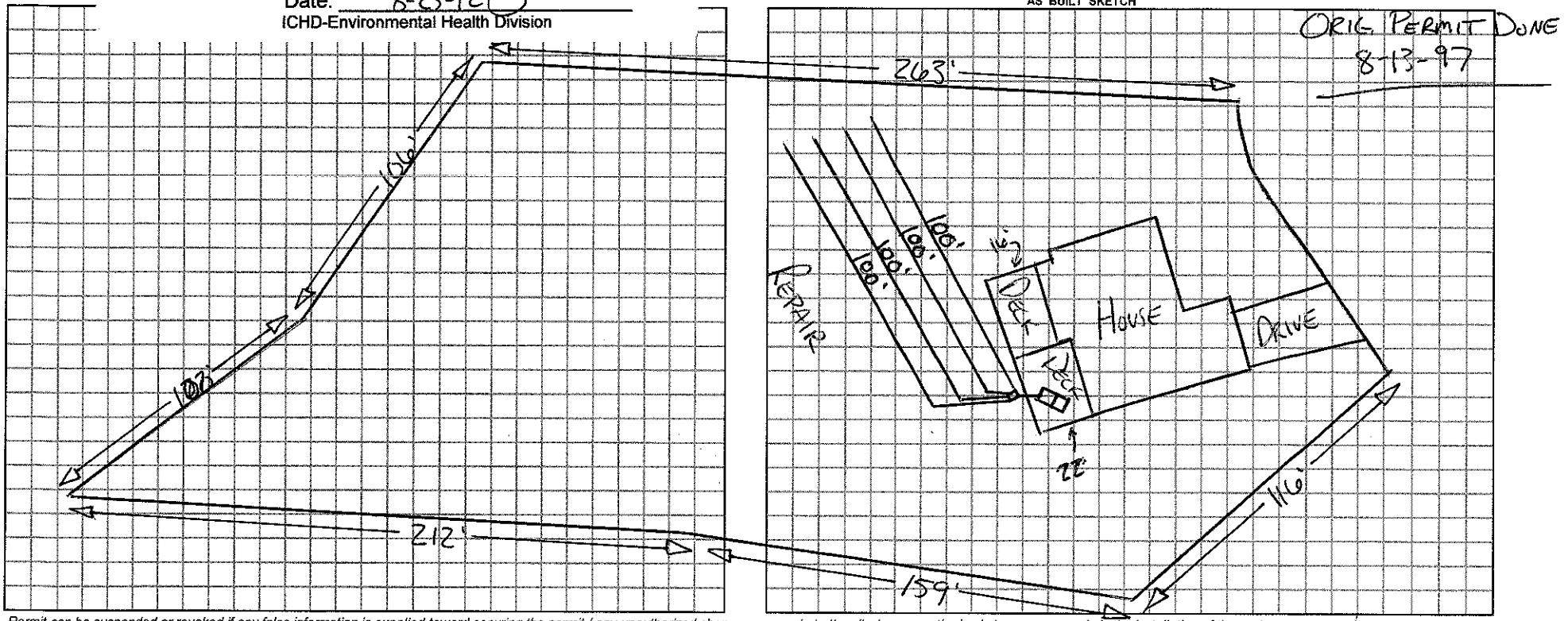
**NOTE: No DECK POST WITHIN 5' OF SEPTIC

R.S. (ZA0078)

Date: 8-23-12

ICHD-Environmental Health Division

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / 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 ____

Improvement Permit by: ____ Date ____

Authorzation to Construct by: ____ Date ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ____

Operation Permit by: ____ Date: ____

Existing System Inspected by: ____ Date: ____

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant