IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180399

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

PIN # 4646299957

APPLICANT: James A Mason APPLICANT ADDRESS: 112 Cool Breeze Dr.

SITE ADDRESS: 112 Cool Breeze Dr. PHONE: 704-664-6484 ALT. PHONE:

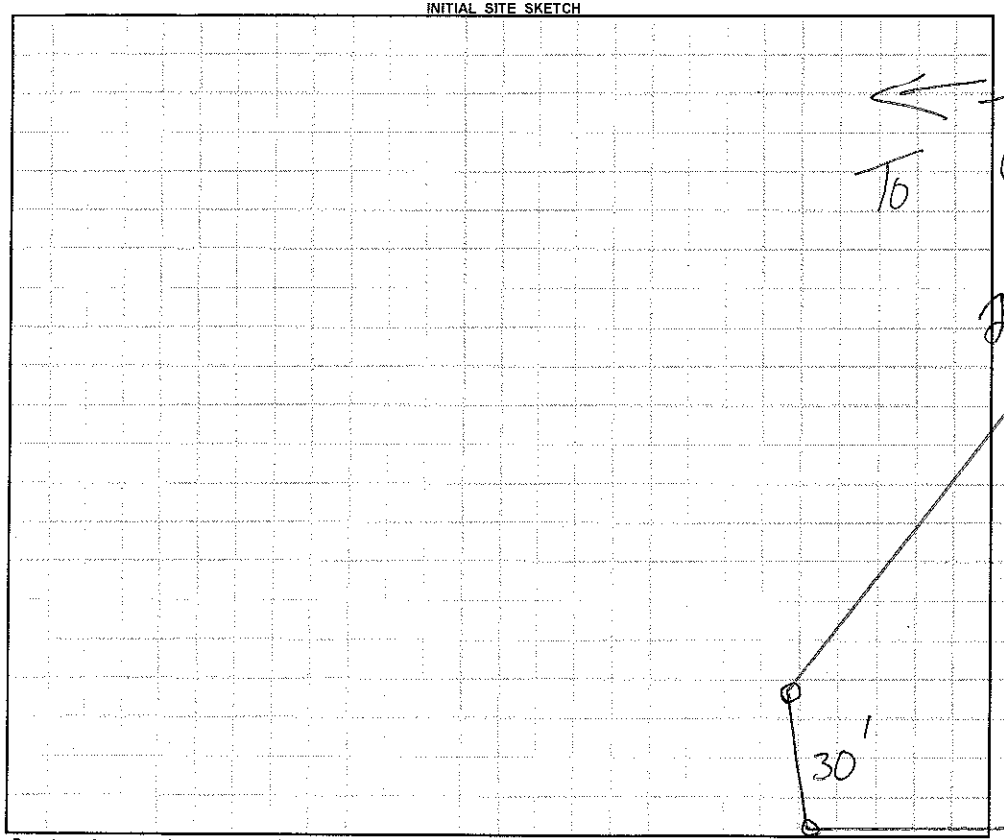
SITE DIRECTIONS: 177, (R) West on Hwy 150, (L) on Williamson Rd, (R) on Sundown, (R) on Cool Breeze, 2nd drive on (R)

SUBDIVISION: n/a SECTION: n/a LOT # LOT AREA: 1.19 Acres DESIGN FLOW: 360 L.T.A.R.: Ex

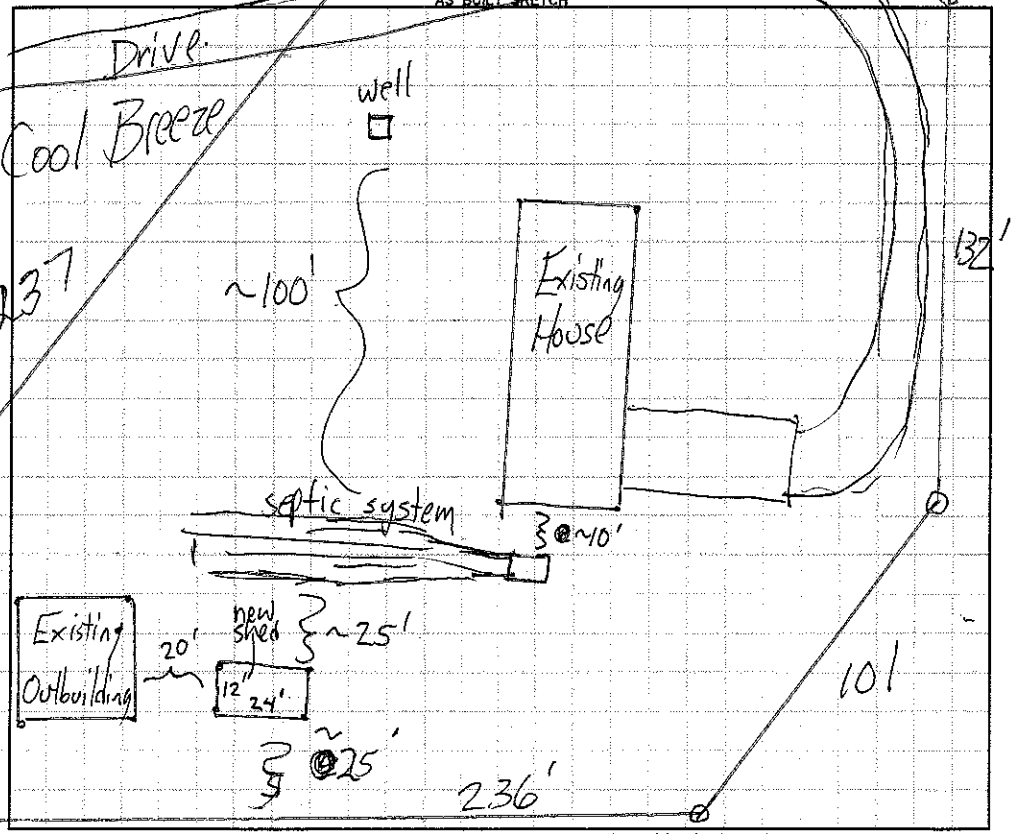
Septic Tank	1000 (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Existing			☐ Business	No. Persons		☒ Private
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	Ex (3)	Linear Ft: Ex (250)	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Ex Max. Trench Bottom Depth	Ex	Gravel Depth (10) Ex	☒ 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: James A Mason Date: 9-23-13 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: James Date: 9-19-13

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