IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

1:00

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

PERMIT # 203850 ~~203739~~ ✓

APPLICANT: Heather Mostellar PIN # 4648246026

SITE ADDRESS: 582 Big Indian Loop APPLICANT ADDRESS: 582 Big Indian Loop

SITE DIRECTIONS: 150W FR Bluefield Rd TL Big Indian Loop PHONE: 704-775-2599 ALT. PHONE: N/A

SUBDIVISION: Indian Hill SECTION: N/A LOT # 38 LOT AREA: 0.65acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank 1000 (gal) STB 1012 Date 4/14/14 — New System ☐ Repair ☑ Expansion ☐ System Type: I II III IV V VI

Pump Tank ____ (gal) PT ____ Date ____ — System Description: ____

Pump Make ____ Model ____ Serial # ____ — Repair System Description: TANK

Nitrification Fields 6x # Lines 6x Linear Ft: 6x — Maintenance Agreement Required: ☐ YES ☑ NO

Trench Width 6x Max. Trench Bottom Depth 6x Gravel Depth 6x — ☑ GRAVITY ☐ PRESSURE

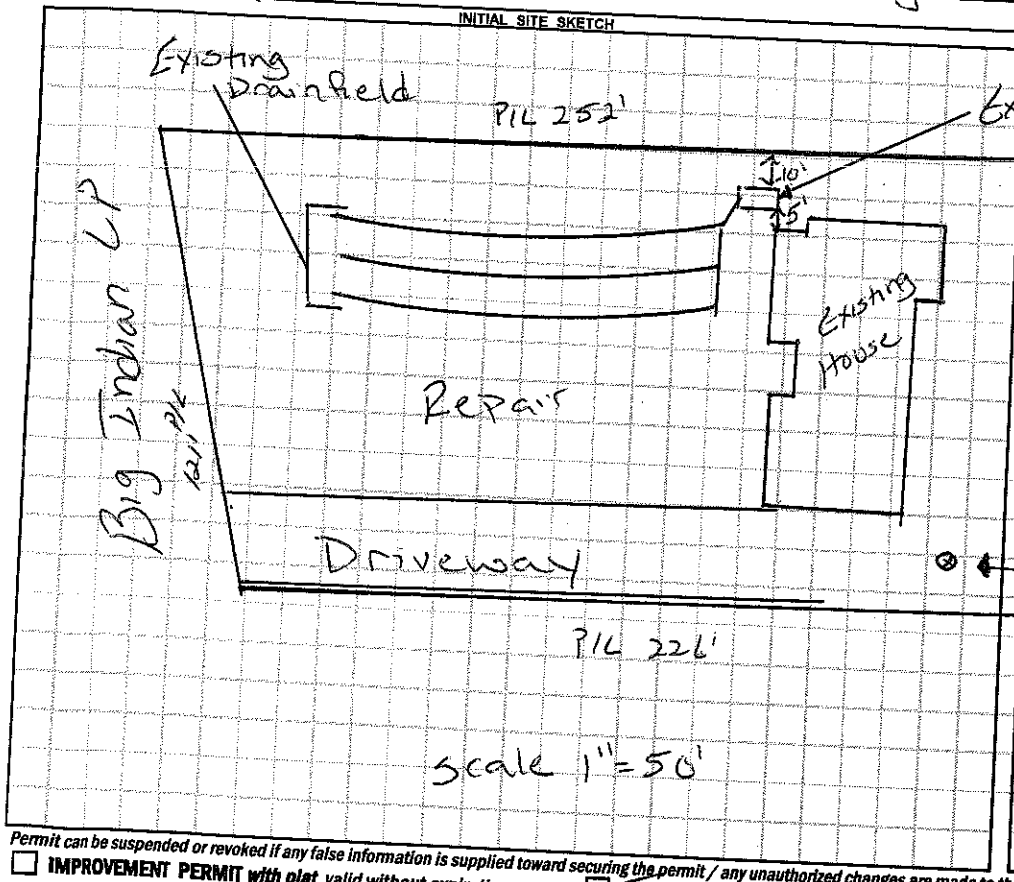
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ____ ☑ Crawl Space

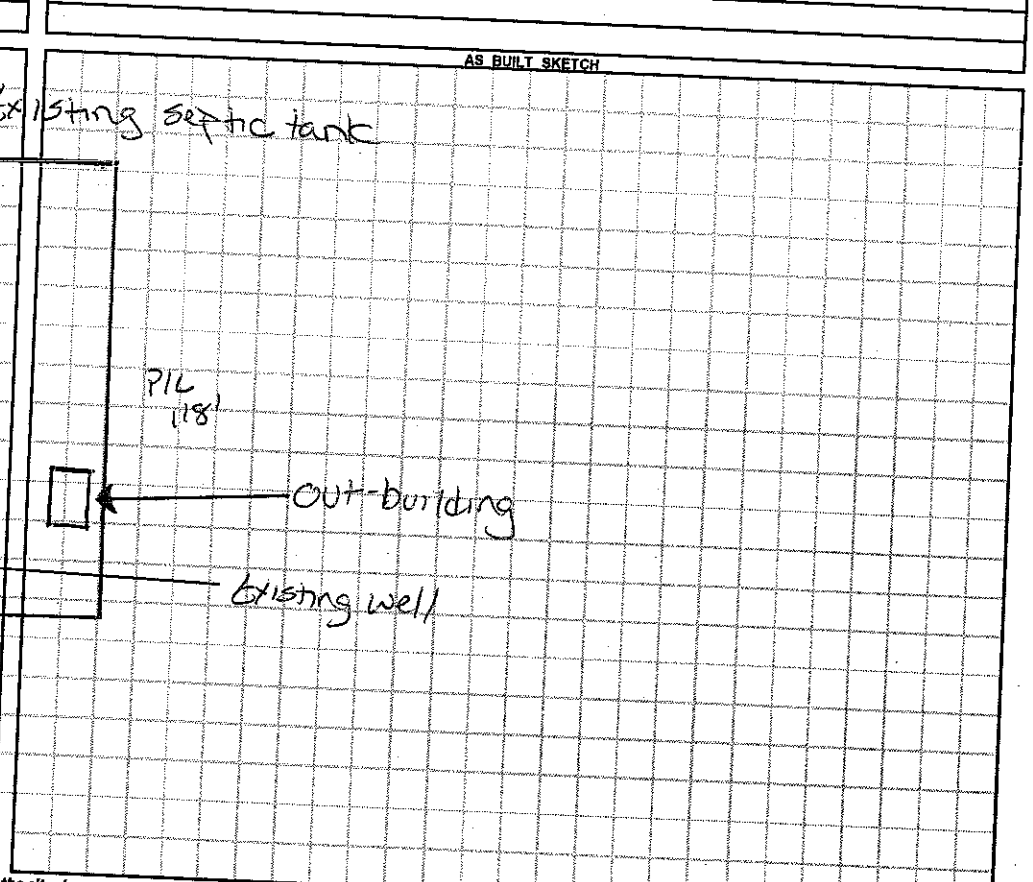
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a new 1000 gallon septic tank in exact location as previous septic tank and connect to existing drainfield.

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: 7/18/14 Installed by: FRYE GRADING & REPAIR

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-17-14 OPERATION PERMIT by: [signature] Date: 8/22/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 7-17-14 Existing System Inspected by: ____ Date: ____

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