IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22138

MD

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

PIN # 4654-28-5188

APPLICANT: TODD COMBS APPLICANT ADDRESS: 154 HICKORY HILL RD. MOORESVILLE

SITE ADDRESS: 1965 MECKLENBURG HWY. MOORESVILLE PHONE: 336-847-7128 ALT. PHONE:

SITE DIRECTIONS: 115 S. ON L

SUBDIVISION: G. B. KENNERLY SECTION: 2 LOT # 19-22 LOT AREA: .347 AC DESIGN FLOW: 240 L.T.A.R.:

Septic Tank ____ (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: GRAVEL
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☐ Residence ☒ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms ____ No. Persons 5 No. Employees 2
☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: RECOMEND MOVING TANK TO 5' FROM FOUNDATION (PERMIT REQUIRED). 2 EMPLOYES & 5 CLIENTS ALLOWED SYSTEM FUNCTIONING PROPERLY @ TIME OF INSPECTION

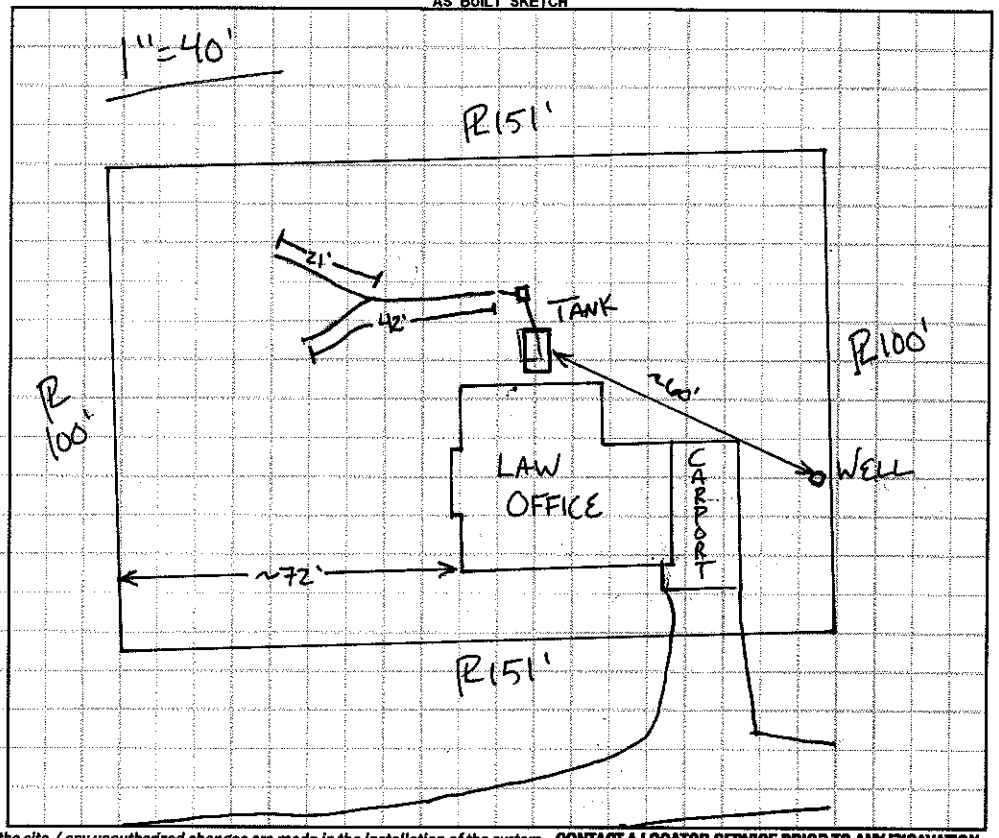
LAW OFFICE

INITIAL SITE SKETCH

MECKLENBURG HWY

AS BUILT SKETCH

1"=40'



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: 10-13-16 Installed by: ____

IMPROVEMENT PERMIT by: [signature] Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 10-5-16

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