IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # _____ PIN # 4655-59-6605 DATE 7-17-12

OWNER or APPLICANT MARK SULLIVAN PHONE: Business 704-900-4730 Home: 704-662-0329

OWNER or APPLICANT ADDRESS 182 SADDLE RD.

LOCATION / DIRECTIONS 115 S, TL MACKWOOD, TR SADDLE 182

SUBDIVISION ARCHIE MILLER BLOCK / SECTION _____ LOT # 15 LOT AREA .5AC DESIGN FLOW _____ L.T.A.R. _____

Septic Tank _____ Gallons: STB _____ Date _____

Pump Tank _____ Gallons: PT _____ Date _____

Pump Make _____ Model EXISTING Serial # _____

Nitrification Field No Fields ___ No Lines ___ Linear Feet _____

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 No. Bedrooms _____

☐ Business No. Persons _____

☒ Other No. Employees _____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Comments / Conditions

DECK

INITIAL SITE SKETCH

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

**NOTE: DECK SUPPORTS MUST BE 5' FROM SEPTIC

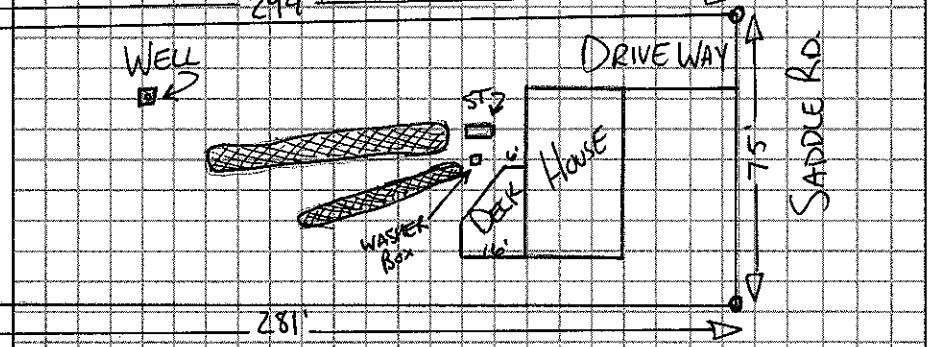
R.S. 1400

Date: 7-17-12

ICHD-Environmental Health Division

AS BUILT SKETCH

1"=50'



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 7/23/2012

Improvement Permit by: _____ Date _____

Authorization 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