IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180125 BF

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

PIN # 4655-61-7765

APPLICANT: CHAD & CRYSTAL SCHNEIDER APPLICANT ADDRESS: 123 CRAFTSMAN LOOP

SITE ADDRESS: SAME PHONE: 704-361-7114 ALT. PHONE:

SITE DIRECTIONS: FAITH, MIDWAY LAKE, TL CRAFTSMAN LOOP

SUBDIVISION: SECTION: LOT # LOT AREA: 3.177 AC DESIGN FLOW: L.T.A.R.:

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft: 438

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

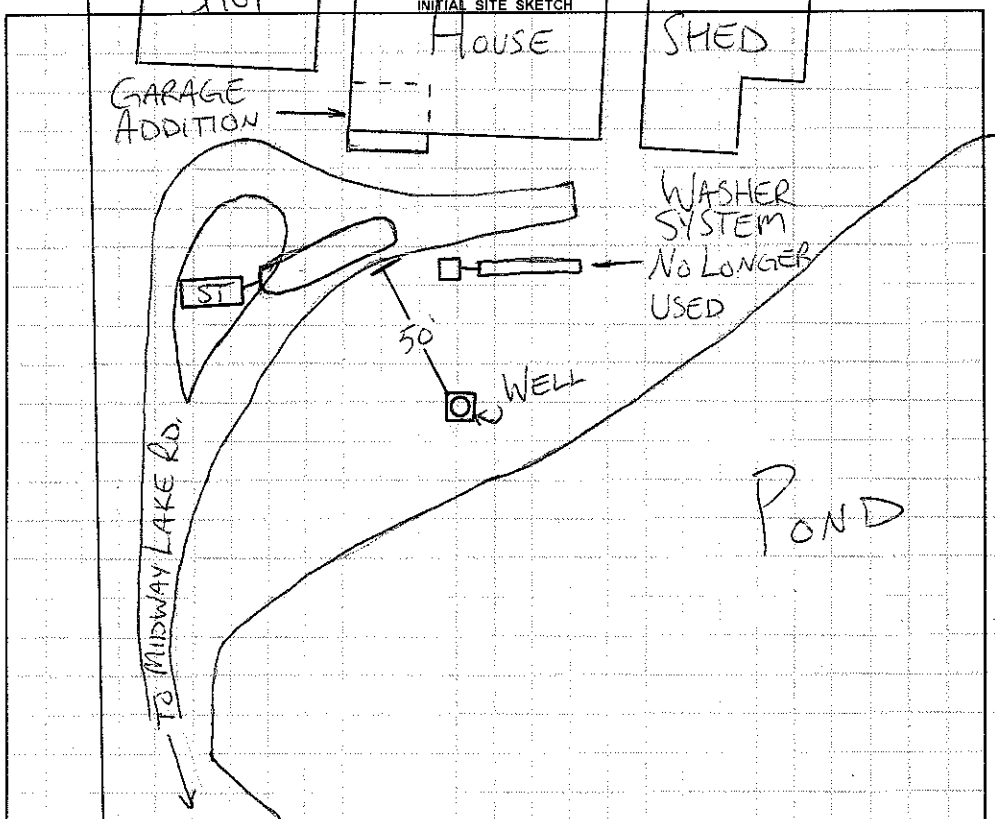
☒ Private

☐ Public

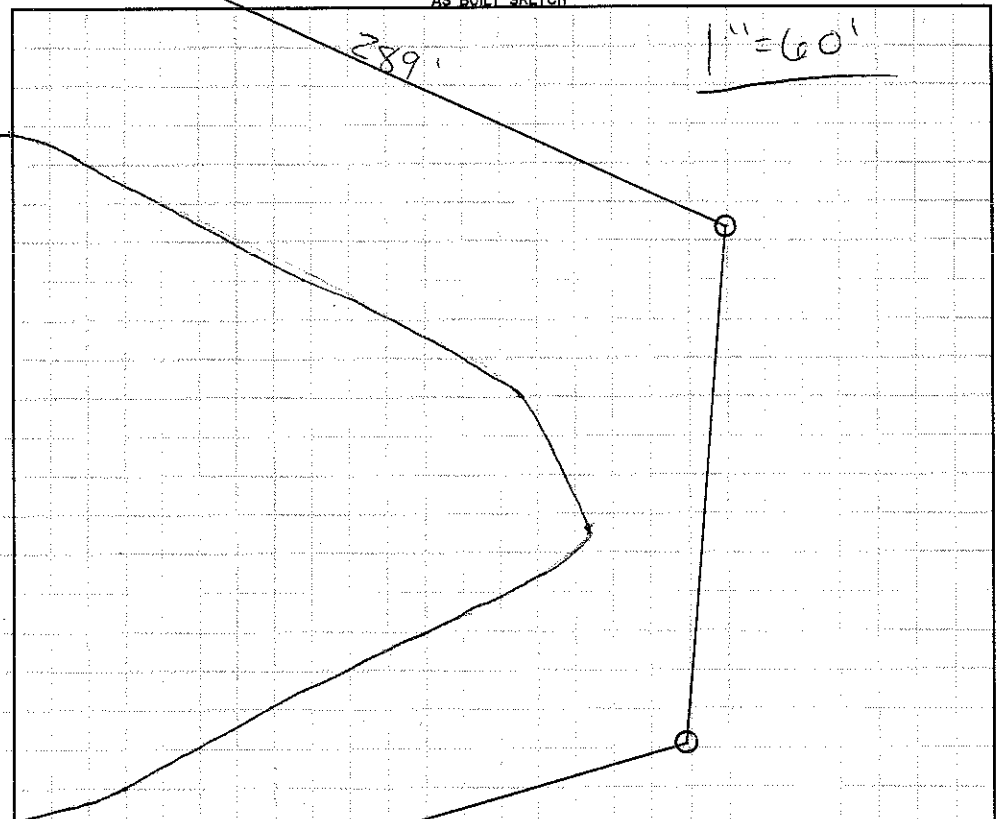
☐ Community

Comments / Conditions:

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: Chelis Schneider Date: 9/19/13 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: 207' Date: Existing System Inspected by: R A Kelly Date: 9-19-13

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