IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205335

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

PIN # 4655777910

APPLICANT: MITCHELL OATS APPLICANT ADDRESS: 401 MACKWOOD ROAD

SITE ADDRESS: 419 MACKWOOD ROAD PHONE: 704-799-2901 ALT PHONE:

SITE DIRECTIONS: I155 S TO MACKWOOD ROAD TO END ON GRAVEL DRIVE BEHIND HOUSE ON (L)

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

Septic Tank EX. 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines EX - 4 Linear Ft: -- 400 EX

Trench Width 36" Max. Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: GRAVEL - INSTALLED - 4-26-02

Repair System Description: GRAVEL

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private EXISTING ☐ Public ☐ Community

Comments / Conditions: REPLACING - 3 BEDROOM MOBILE HOME WITH A NEW 3 BEDROOM IN SAME LOCATION AS OLD HOME - SYSTEM FUNCTIONING PROPERLY ON - 9-10-14

INITIAL SITE SKETCH

SEE ATTACHED DESIGN BY S+ME OK ICHD 9-10-14

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: Date: 9/15/14 Installed by:

IMPROVEMENT PERMIT by: Date: 9-10-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 9-10-14 Existing System Inspected by: Date: 9-10-14

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