IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213211

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

PIN # 4658-11-6570

APPLICANT: SHAWN HUGHESMAN APPLICANT ADDRESS: 129 PATROSE LN.

SITE ADDRESS: SAME PHONE: ALT. PHONE:

SITE DIRECTIONS: 21N, TL VALLEY VIEW, TR PATROSE, C END

SUBDIVISION: OAKBROOK SECTION: LOT # 61 LOT AREA: ~1 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank Ex. 1000 (gal) STB Date

Pump Tank Ex. 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING #Lines Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth 18"

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

System Description: PUMP CONVENTIONAL

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☐ Residence ☐ Business ☒ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons No. Employees ☐ Crawl Space

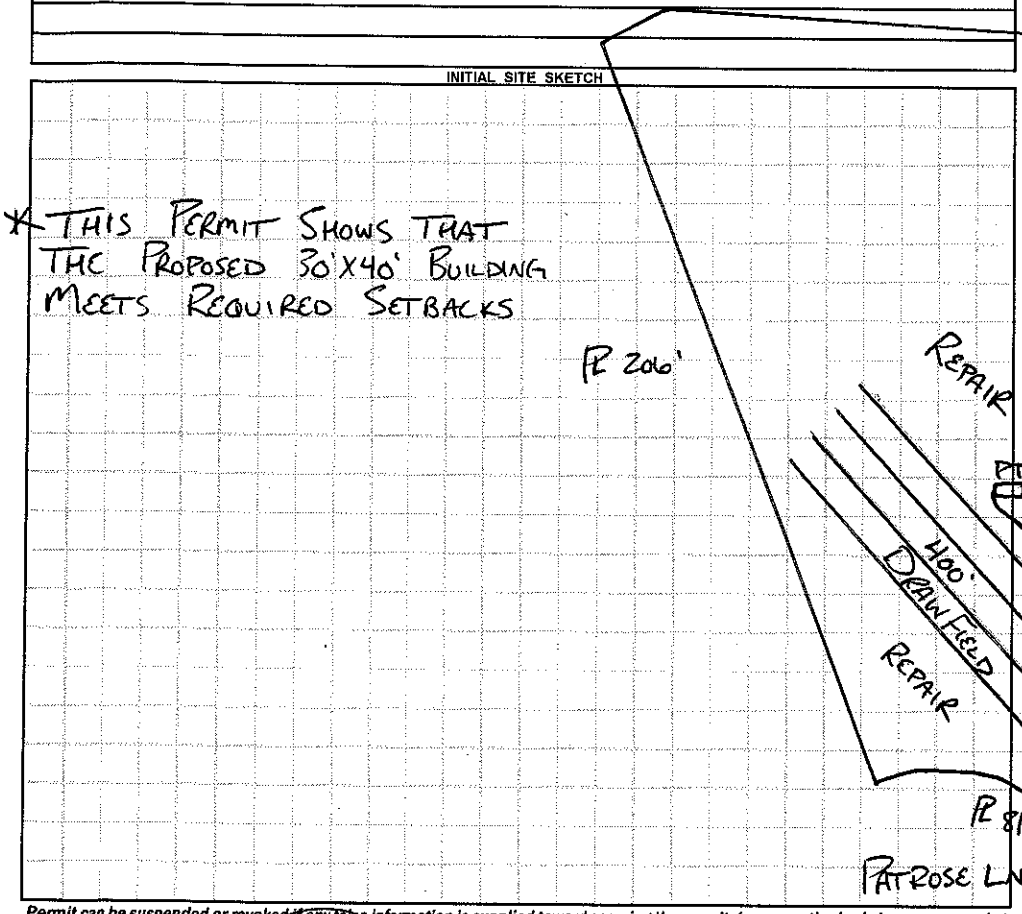
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

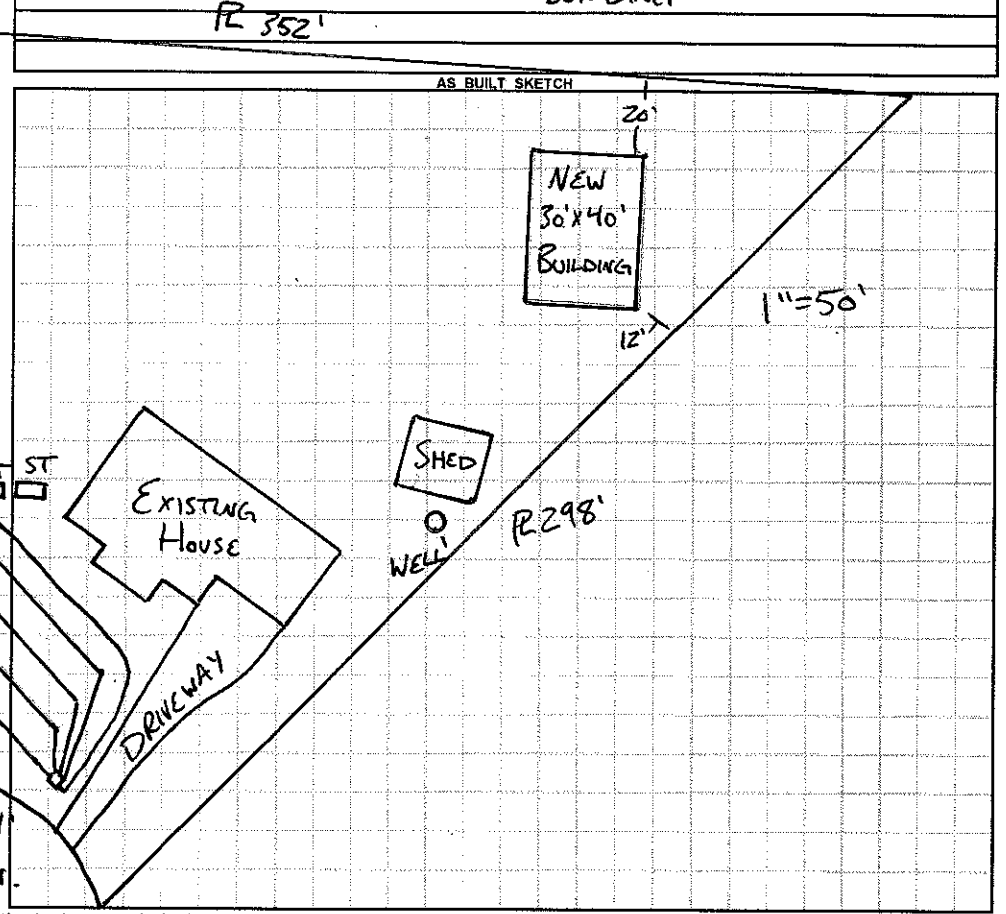
Comments / Conditions:

* THIS PERMIT SHOWS THAT THE PROPOSED 30'X40' BUILDING MEETS REQUIRED SETBACKS

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: Date: 9/25/15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

APPROVED SEP 24 2015

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