IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 DSC PERMIT # 208457 ✓

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

PIN # ~~4659-72-3875~~ 4659-72-3875

APPLICANT: DAVE HAMILTON APPLICANT ADDRESS: 187 SHEPHERD RD

SITE ADDRESS: SAME PHONE: 704-360-4009 ALT. PHONE:

SITE DIRECTIONS: 21 N, TR SHEPHERD, ON L

SUBDIVISION: SECTION: LOT # LOT AREA: .44 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~~ STNG Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: CONVENTIONAL

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ ~~NO~~

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☐ Business No. Persons

☒ Other No. Employees

☒ Slab ☐ Crawl Space

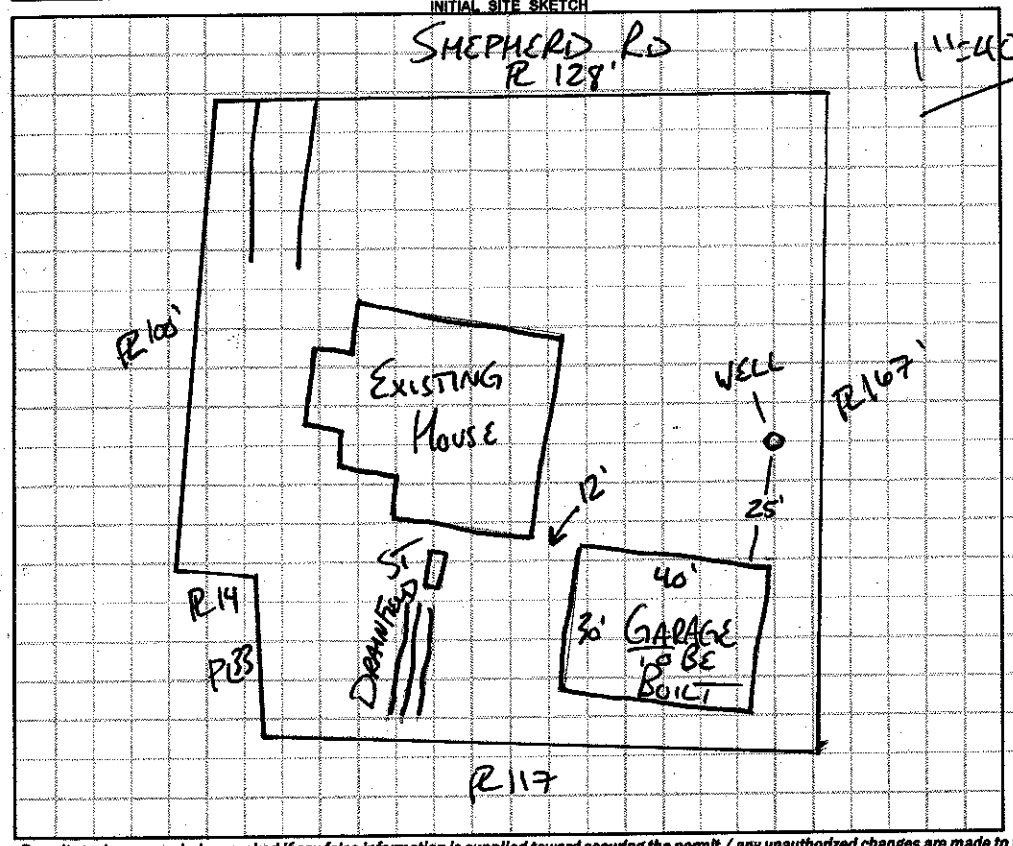
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ ~~Private~~ ☐ Public ☐ Community

Comments / Conditions:

GARAGE

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: David D Hamilton Date: 4-7-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED APR 06 2015 Date:

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