IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20148O

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

PIN # 4664295269

APPLICANT: SUSAN & WAYNE PARKER APPLICANT ADDRESS: 605 PRESBYTERIAN RD - MOORESVILLE NC 28115

SITE ADDRESS: 605 PRESBYTERIAN RD MOORESVILLE . PHONE: ALT. PHONE:

SITE DIRECTIONS: 115 (S) - TL PRESBYTERIAN - ON LT - #605 - BEHIND - #597

SUBDIVISION: SECTION: — LOT # — LOT AREA: 3.75AC DESIGN FLOW: 240 GPD L.T.A.R.: EXISTING

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank EX (gal) PT TANK Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields ____ # Lines ____ Linear Ft: ____

Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth EX

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

System Description: GRAVITY CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: KEEP NEW HOUSE 5' FROM SEPTIC LINES & TANK.

INITIAL SITE SKETCH

SEE KATHLEEN SAUNDER'S PLAN.

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: Kathleen Saunders Date: 2/7/14 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: [signature] Date: 2/7/14

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