IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213183

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

PIN # 4664-57-9786

APPLICANT: Ashley Rollans APPLICANT ADDRESS: PO Box 832 Mooresville 28115

SITE ADDRESS: 176 Anniston Way PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: Shearers Rd S, TL on Anniston Way, Lot on R

SUBDIVISION: Anniston SECTION: 1 LOT # 3 LOT AREA: 1.04 ac DESIGN FLOW: 480 gpd L.T.A.R.:

Septic Tank EXISTING (gal) STB Date
Pump Tank EXISTING (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EX # Lines EX Linear Ft: EX.
Trench Width EX Max. Trench Bottom Depth EX Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: EXISTING
Repair System Description: EXISTING
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

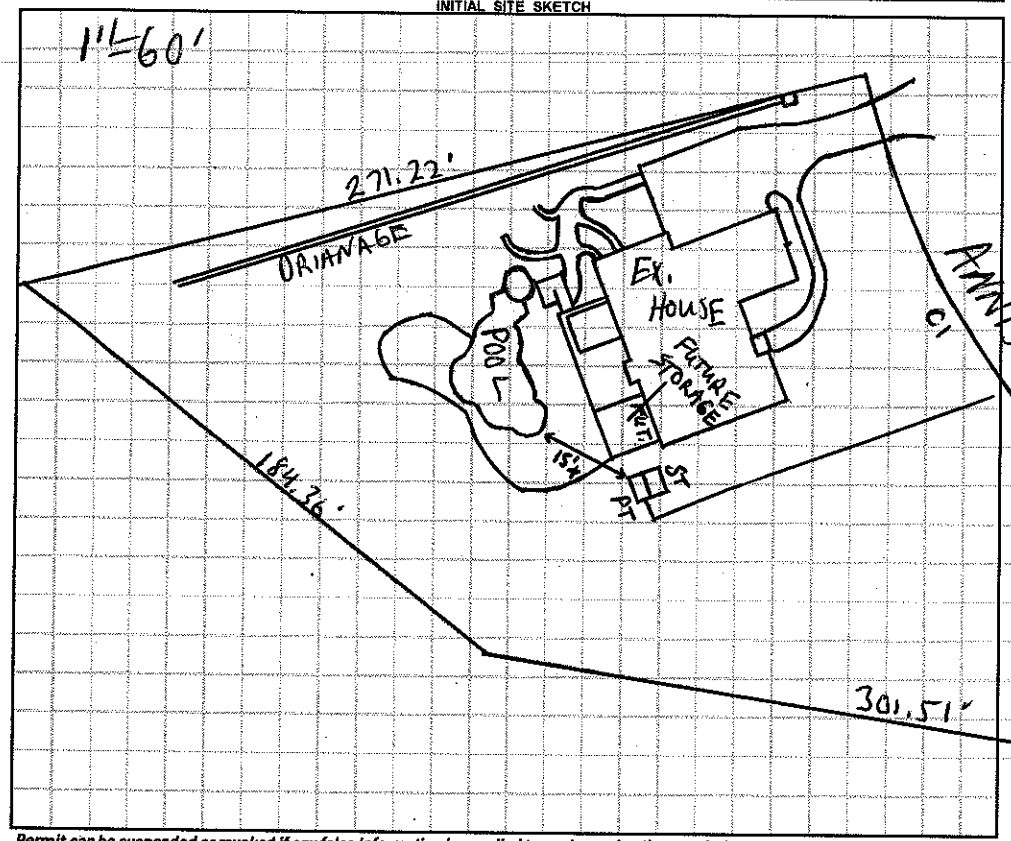
☐ Residence No. Bedrooms
☐ Business No. Persons
☑ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☐ Public
☐ Community

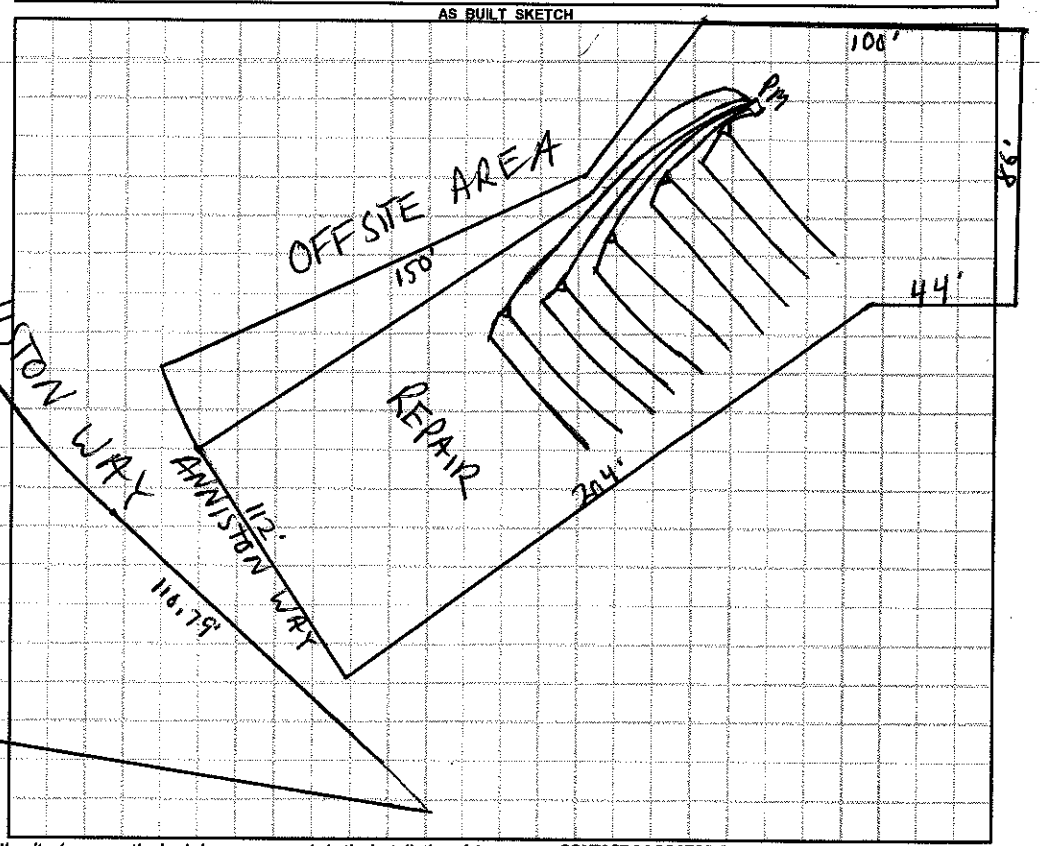
Comments / Conditions:

Addition of outdoor living area and Pool

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: 9-10-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 9-9-15

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