IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218264

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

PIN # 4664687553

APPLICANT: Main St. Homes / Shane Somers APPLICANT ADDRESS: 2908 Eastway Dr Statesville, NC 28625

SITE ADDRESS: 125 Hanover Ln. Davidson, NC 28036 PHONE: ALT. PHONE: 704 818 6111

SITE DIRECTIONS: Shearers Rd S TL Anniston Way TL Timberside Dr TL Hanover on left

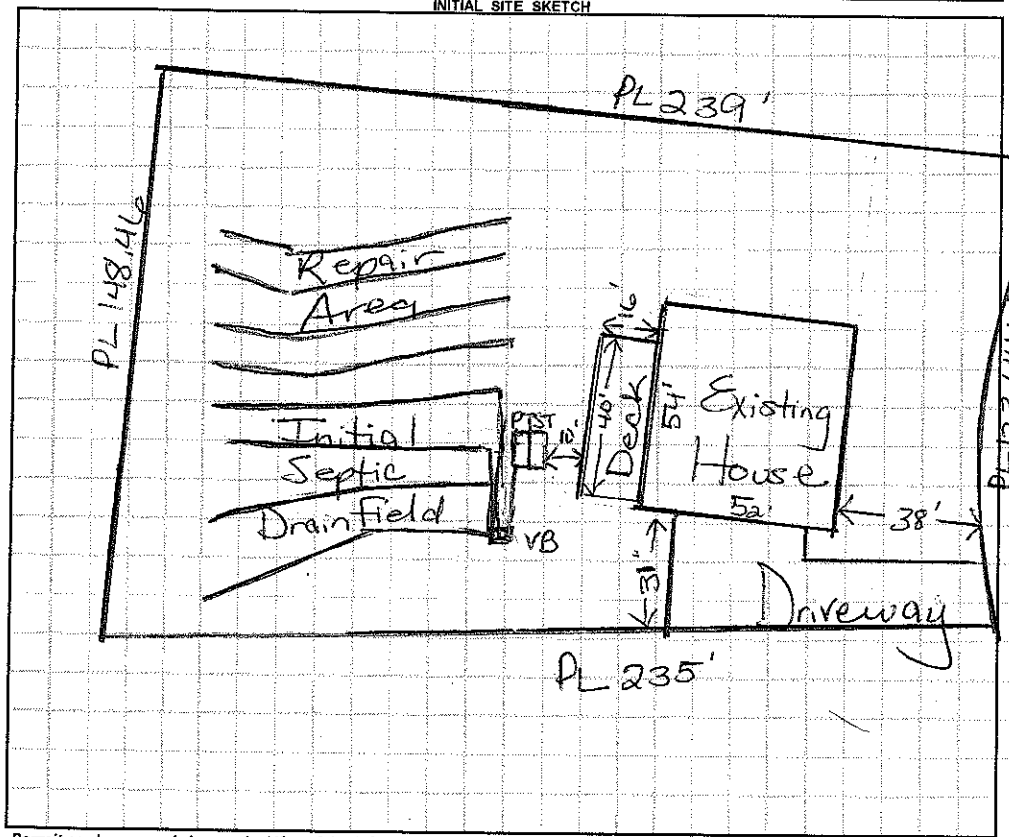
SUBDIVISION: Anniston SECTION: 3 LOT # 95 LOT AREA: .71 Ac DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description: Exist. LPPPBPS	☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description: Same	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	320	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width		Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

The proposed deck expansion does not impact existing Septic System. Must keep deck or any building at least 5ft from Septic System

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50'

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: [signature] Date: 6-7-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson RS Date: 6/4/16

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