IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208518

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

PIN # 4667-83-3373.190

APPLICANT: NORTH STATE BUILDING APPLICANT ADDRESS: 1159 DART DR. SHELBY NC 28150

SITE ADDRESS: 182190 LINWOOD RD.; Mocks. PHONE: 828-778-2354 ALT. PHONE:

SITE DIRECTIONS: N. MAIN, TR LINWOOD RD.

SUBDIVISION: SECTION: LOT # 157 LOT AREA: 2.88 (6.93 TOTAL) DESIGN FLOW: L.T.A.R.:

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines 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

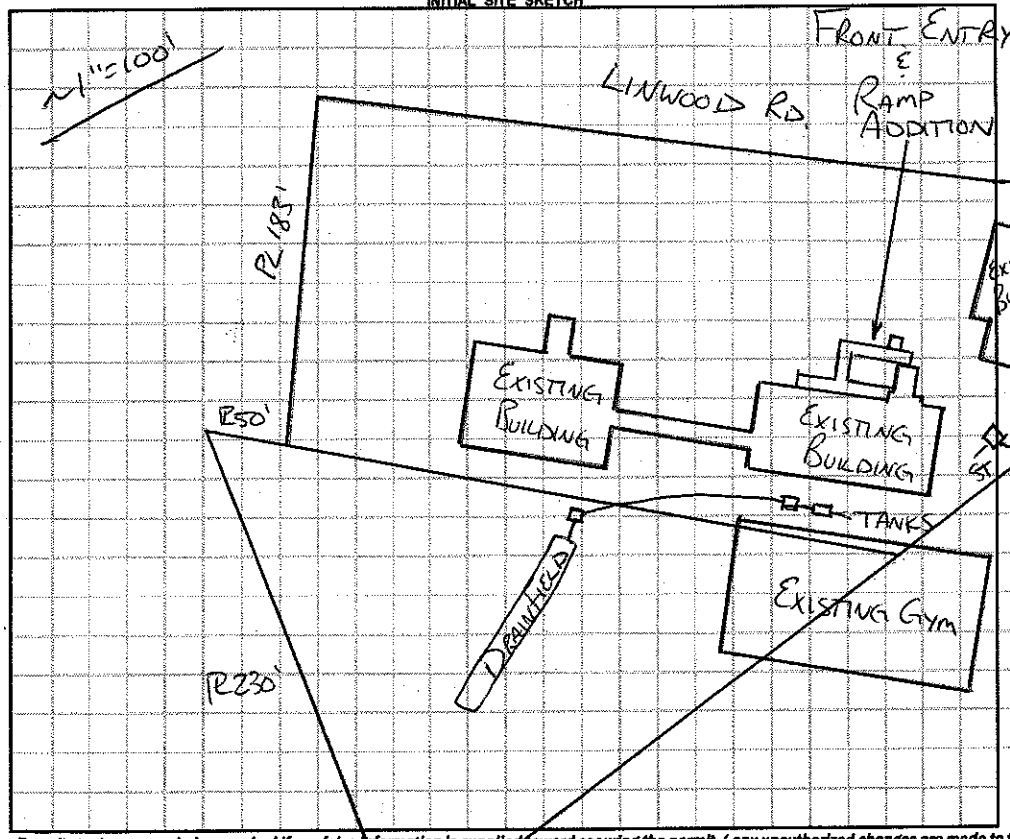
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

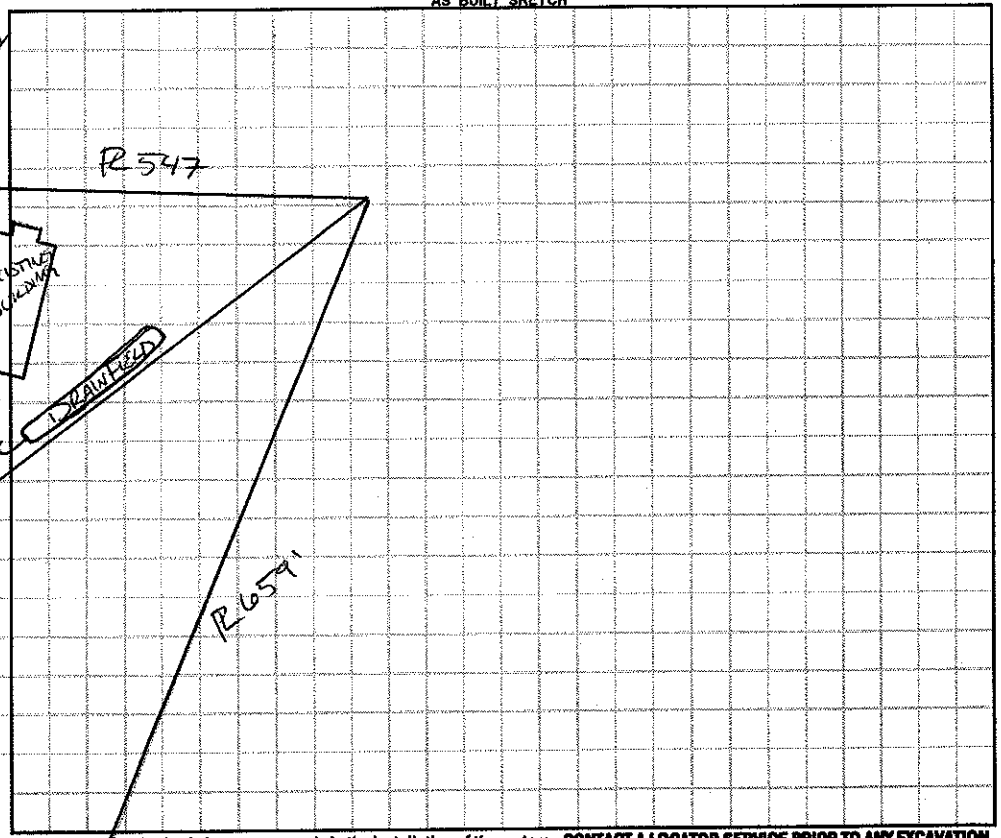
Comments / Conditions:

FRONT ENTRY & RAMP

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: 4-13-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED APR 01 2015 Date:

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