IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21175

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

APPLICANT: John + Kim Schue PIN # 4669-01-5916.000

SITE ADDRESS: 184 Albany Dr. Mooresville NC 28115 APPLICANT ADDRESS: 184 Albany Dr.

SITE DIRECTIONS: Hwy 115 N, TR Shinnville, TL Bethany Place, Site @ End PHONE: 631-957-9145 ALT. PHONE: 630-889-0651

SUBDIVISION: Bethany Place SECTION: LOT # 11 LOT AREA: 2.150 Acre DESIGN FLOW: Existing 360 L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (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 N/A

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

System Description: Existing 25% Reduction - Gravity

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms Ex 4 No. Persons Ex 8 No. Employees ____ ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Keep Proposed Garage 5' From Septic Drainfield.

INITIAL SITE SKETCH

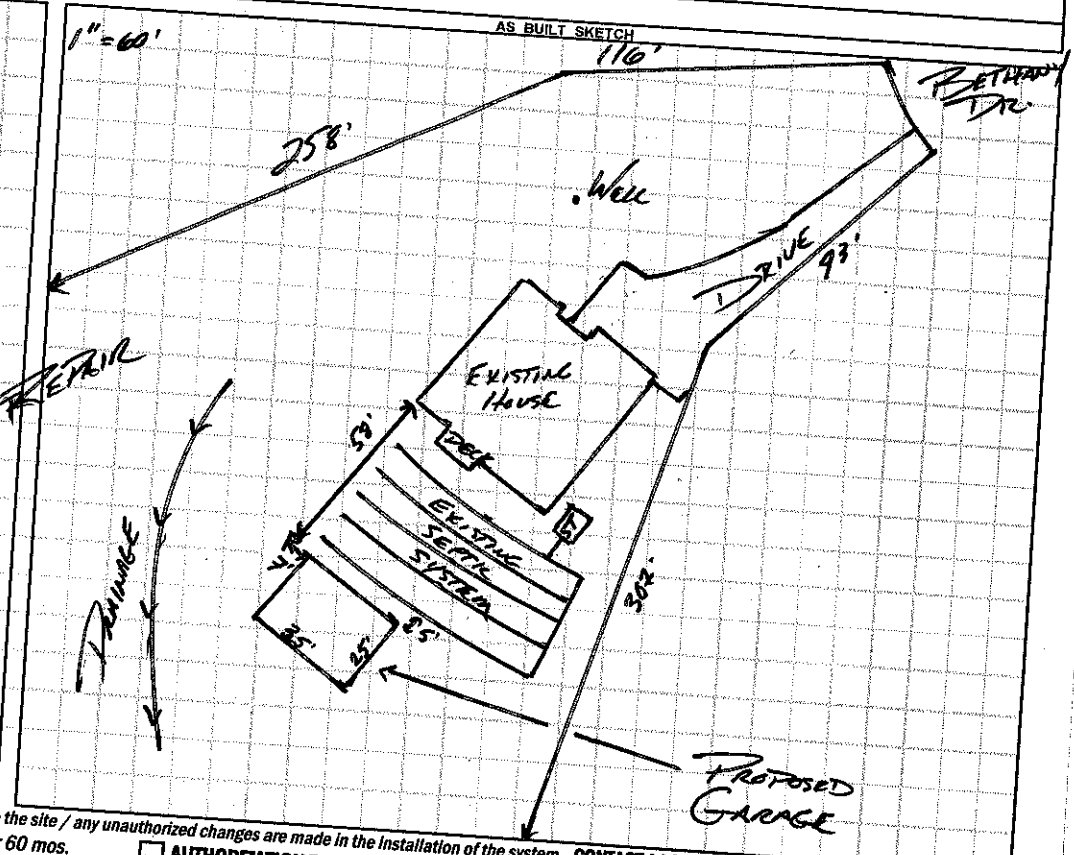
8/11/15

Applicant To Pick up At A Later Date. Lives Out of State.

SE

AS BUILT SKETCH

1" = 60'



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: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 8/7/15

Date:

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