IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212175

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

PIN # 4669-01-5916

APPLICANT: JOHN SCHLIE APPLICANT ADDRESS: 184 ALBANY DR. ; MRSVL.

SITE ADDRESS: SAME PHONE: 631-957-9145 ALT. PHONE:

SITE DIRECTIONS: SHINNVILLE, TL ALBANY DR. C END

SUBDIVISION: BETHANY PLACE SECTION: LOT # 11 LOT AREA: 2.15 AC DESIGN FLOW: EX 480 L.T.A.R.:

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

EXISTING

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION
Repair System Description: SAME (PUMP)
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms EX 4
☐ Business No. Persons EX 8
☒ Other No. Employees
☒ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

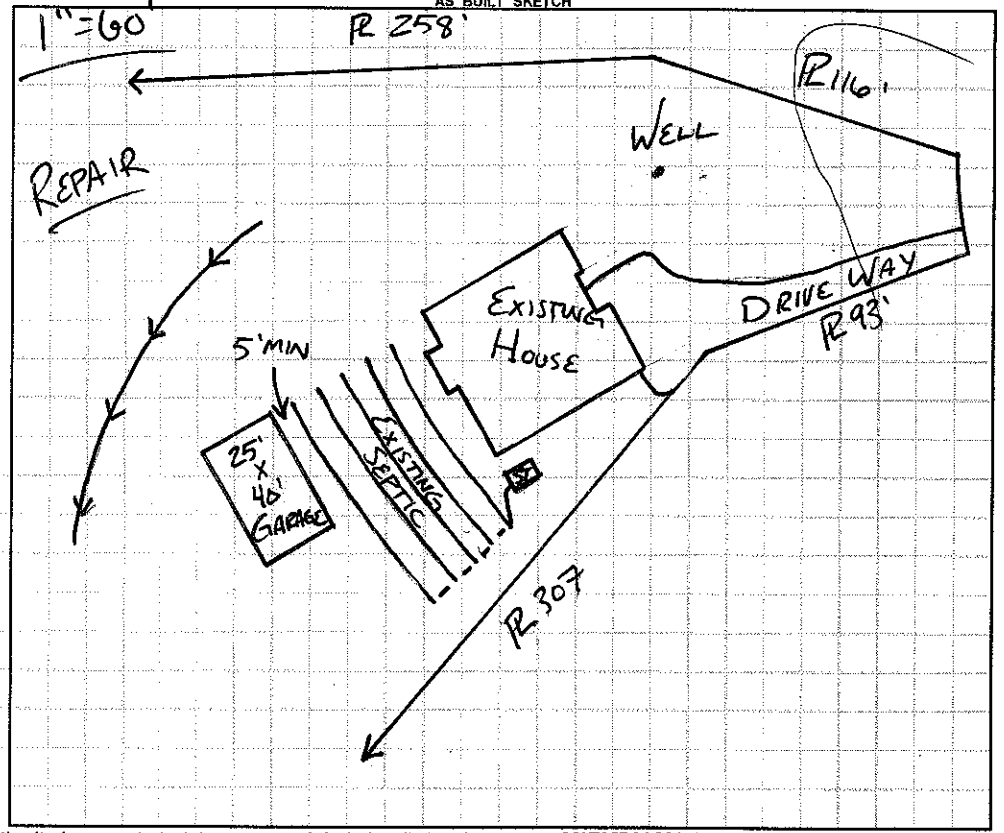
Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions:

GARAGE

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: 7/25/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 7-22-16

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