IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206161

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

PIN # 4669244403.000

APPLICANT: CHRIS HUTCHINSON APPLICANT ADDRESS: 551 SHANNVILLE RD. MOORESVILLE, NC 28115

SITE ADDRESS: 551 SHANNVILLE RD. MOORESVILLE, NC, 28115 PHONE: (704) 663-7879 ALT. PHONE: —

SITE DIRECTIONS: 115 TO SHANNVILLE, SITE ON L

SUBDIVISION: SPRINGDALE SECTION: LOT # 1 LOT AREA: .633 DESIGN FLOW: 360 GPD L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines EXISTING 3 @ 100' Linear Ft:

Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth EXISTING (12")

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

System Description: EXISTING

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO ☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: KEEP PROPOSED SUNROOM 5' FROM EXISTING SEPTIC SYSTEM.

INITIAL SITE SKETCH

The proposed / existing SunRoom addition does not appear to impact the existing septic system.

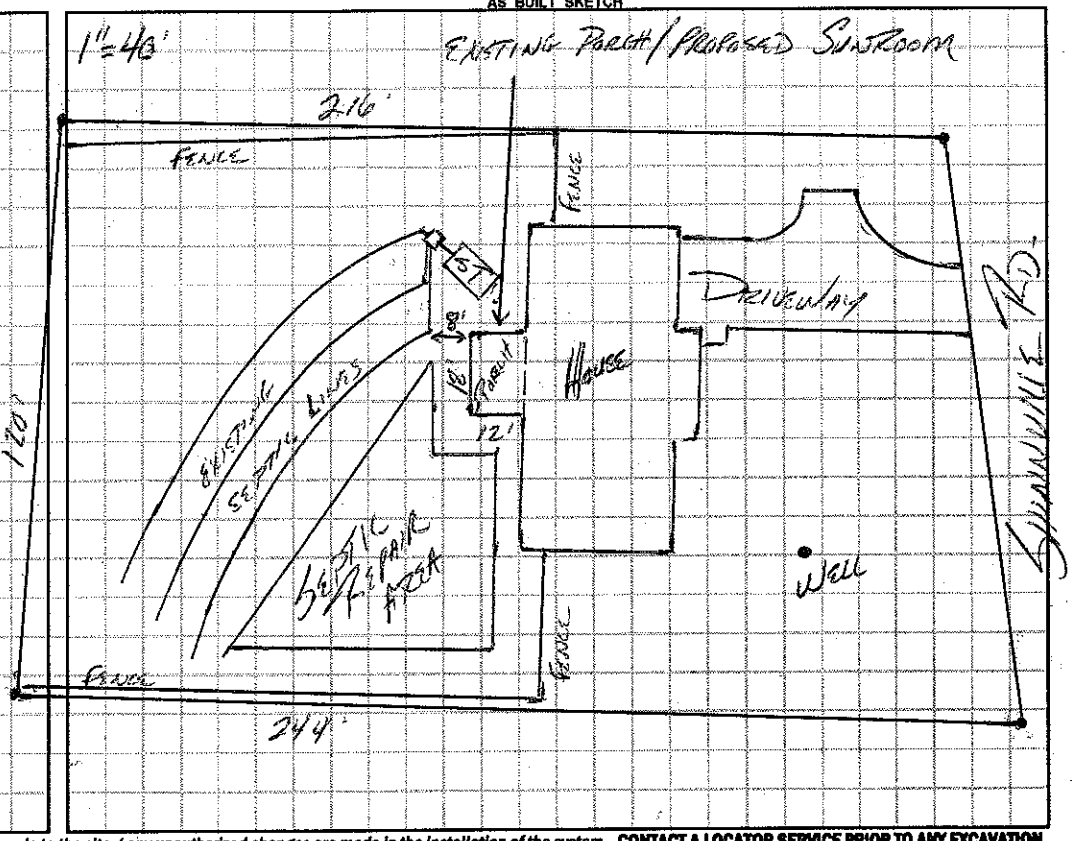
**NOTE: MAINTAIN MIN. 5' SEPARATION FROM SEPTIC SYSTEM.

R.S.

Date: APPROVED OCT 23 2014

ICHD-Environmental Health Division

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: 10-24-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: APPROVED OCT 23 2014 Date:

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