IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180013

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

PIN # 4669 27 2502

APPLICANT: Kelli Midgett APPLICANT ADDRESS: 697 Shinnville Road

SITE ADDRESS: 697 Shinnville Road PHONE: ALT. PHONE:

SITE DIRECTIONS: From Mooresville, 115 N TR Shinnville Road 2.6 miles on left

SUBDIVISION: Liberty SECTION: LOT # 2 LOT AREA: 3.32Ac DESIGN FLOW: L.T.A.R.:

Septic Tank * 1500 (gal) STB 1014 Date 12-16-13
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

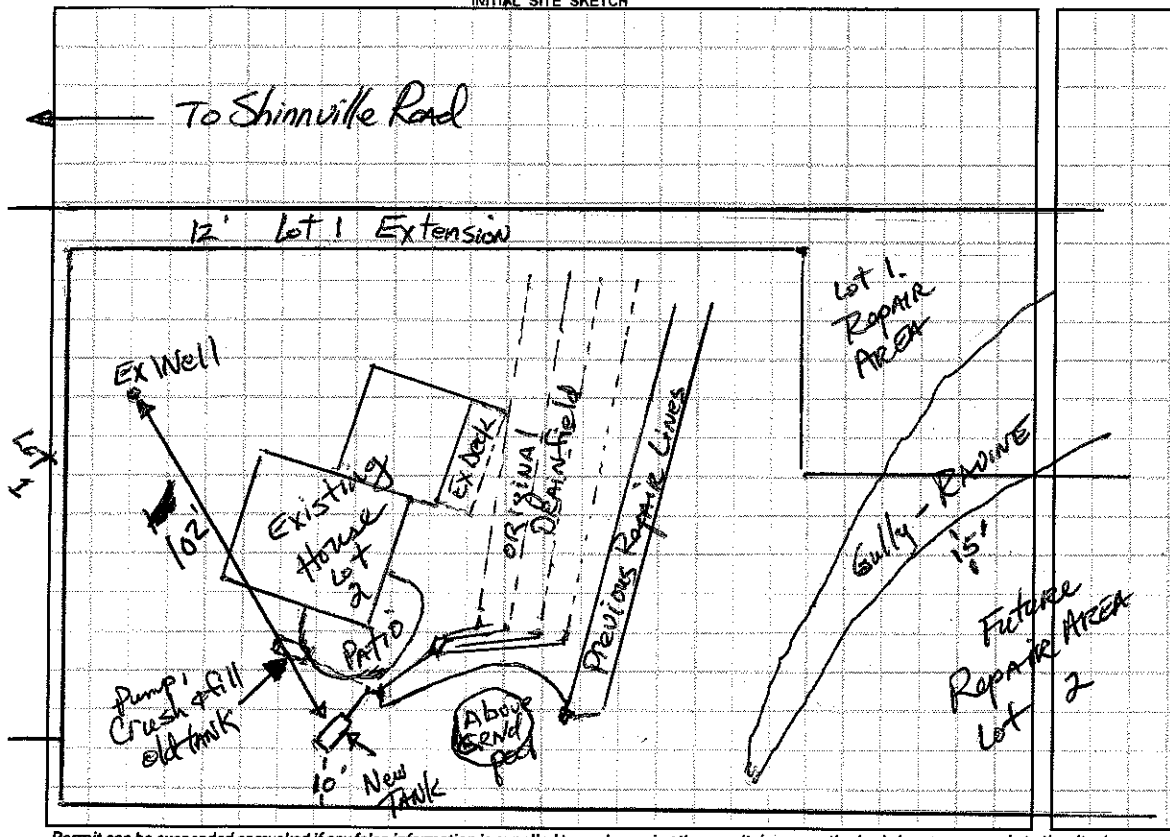
☐ New System ☒ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description:
Repair System Description: TANK
Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 5*
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

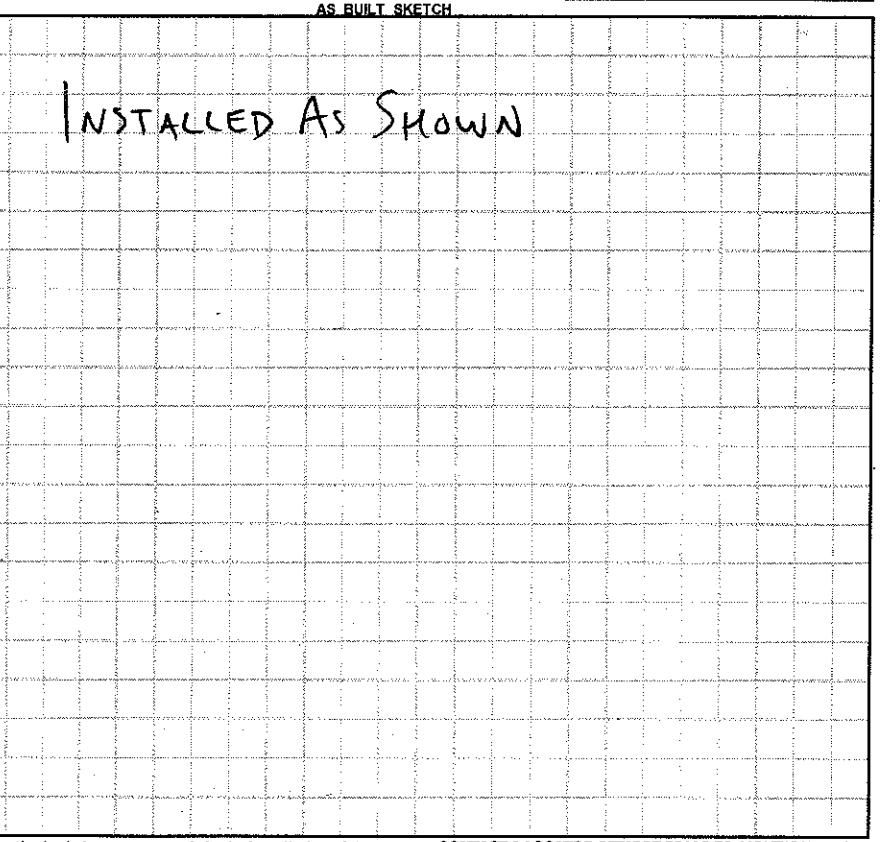
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: New TANK must be 100' minimum from existing well. TERRA Lift performed on existing drainfield, *New TANK sized based on Repair application of 6-24-13. TANK on Lot 2 must be Relocated before Operation Permit is issued for Lot 1.

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: Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date: 3-20-14

AUTHORIZATION TO CONSTRUCT by: DR Hinson REHS Date: 8-8-13 Existing System Inspected by: Date:

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