IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205349

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

PIN # 4669-32-3578

APPLICANT: TERESA NEWTON APPLICANT ADDRESS: 525 SHEPHERD RD

SITE ADDRESS: 134 COPPERHEAD RD PHONE: 704-363-6964 ALT. PHONE:

SITE DIRECTIONS: I-77 N, TR SHANNVILLE, TR COPPERHEAD RD

SUBDIVISION: — SECTION: — LOT # — LOT AREA: ~5AC DESIGN FLOW: 360 L.T.A.R.: —

Septic Tank ____ (gal) STB ____ Date ____

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model EXISTING 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: CINDERS

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons ____ No. Employees ____

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * WELL NOT FOUND. UNDERGROUND OR POSSIBLY UNDER HOUSE. * SYSTEM SEEMS TO BE WORKING @ TIME OF INSPECTION..

ADDING PORCHES & TURNING GARAGE INTO BR

INITIAL SITE SKETCH

SEE ATTACHED DRAWING BY ICHD

APPROVED SEP 10 2014

RA

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: Teresa Newton Date: 9-11-14 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: RA Date: APPROVED SEP 10 2014

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