IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 706171

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

PIN # 4679-33-9257

APPLICANT: JAY HAGER APPLICANT ADDRESS: 1569 MT. ULLA HWY

SITE ADDRESS: SAME PHONE: 704-664-0565 ALT. PHONE:

SITE DIRECTIONS: WIGGINS, TL 801, ON R

SUBDIVISION: SECTION: LOT # LOT AREA: 1.45 AC DESIGN FLOW: 480 L.T.A.R.:

Septic Tank EXISTING (gal) STB Date

~~Pump~~ SEPTIC Tank EXISTING (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Linear Ft:

Trench Width EXISTING Max. Trench Bottom Depth Gravel Depth

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

System Description: GRAVEL

Repair System Description:

Maintenance Agreement Required: ☐ YES ☐ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons No. Employees ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE ATTACHED DRAWING BY ICHD

AS BUILT SKETCH

* HOUSE HAS 2 SYSTEMS. THE ONE IN FRONT OF HOUSE IS FOR 3 BR THE OTHER IS FOR 1 BR.

* RECOMEND ABANDON OLD WELL IF NOT ALREADY DONE SO.

Existing System

Client gets pink & yellow copy of document

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: [signature] Date: 10/30/14 Installed by:

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

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

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