IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181254

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

PIN # 4702872027

APPLICANT: Dale Brooks APPLICANT ADDRESS: 797 Eufola Rd.

SITE ADDRESS: 797 Eufola Rd. PHONE: 704-776-5305 ALT. PHONE: N/A

SITE DIRECTIONS: Old Mtn Rd. TR Lewis Ferry TR Eufola Rd. Property on Left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 7.15 acres DESIGN FLOW: 480 L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ New System ☐ Repair ☐ Expansion System Type: I II ☑ III IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

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

Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions:

- Maintain a minimum of 5' between accessory building foundation and all components of septic tank system.

INITIAL SITE SKETCH

Improvement Permit/Authorization to Construct / Existing System / Operation Permit attachment

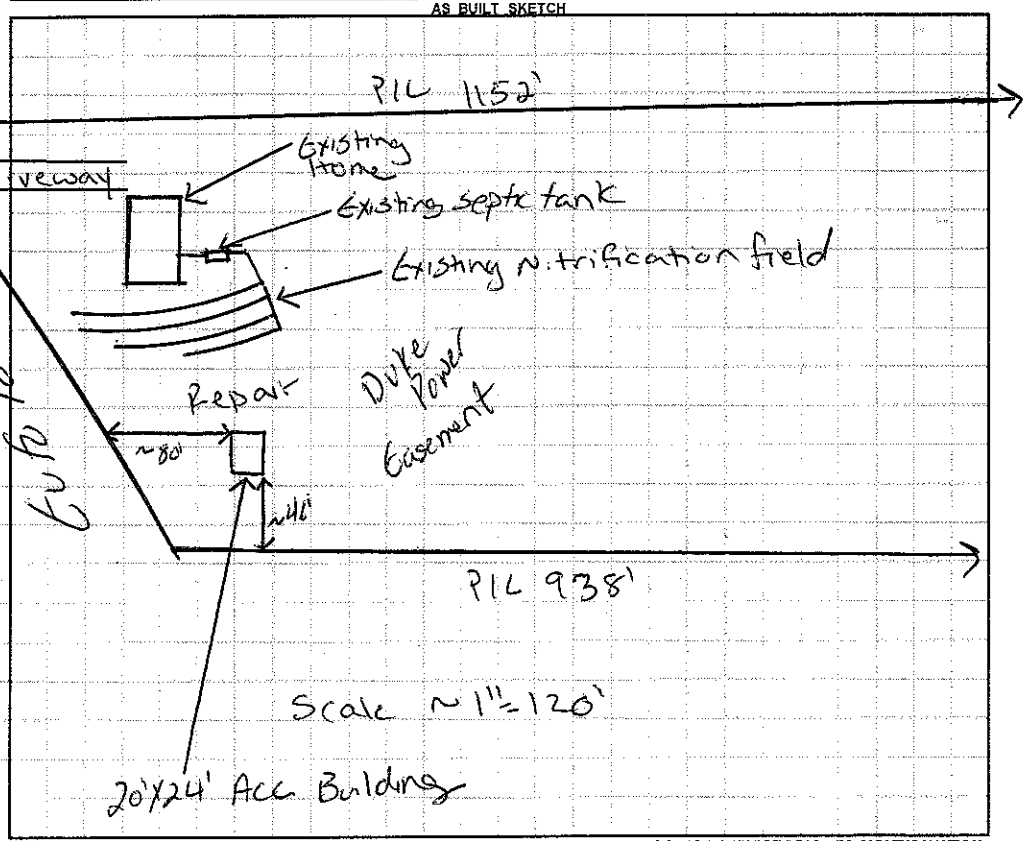
Owner or Applicant:

EHS: Justin Henderson

Amount Owed: Ø

1. Owner / Applicant or authorized agent to sign where indicated.
2. EHS signature on Improvement Permit line only, client gets only photocopy of document.
3. EHS signature on both Improvement Permit and Auth. to Construct lines or only on Auth. to Construct line, client gets pink copy of permit document.
4. EHS signature on Existing System line, client gets pink & yellow copies.
5. EHS signature on Operation Permit line, client gets yellow copy or photocopy.

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: Dale Bailey Brooks Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 10-11-13

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