IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 17513 PIN # 4703754812 DATE 5-17-12

OWNER Synergy Asset Group APPLICANT: Same PHONE: Home/Cell # 704-878-2550 Business # N/A

SITE ADDRESS 106 Suzanne Ln OWNER / APPLICANT ADDRESS 104 Bobby's Loop Statesville NC 28677

SITE DIRECTIONS old Mountain Rd, West on 70 ; Left on Shady Rest ; R on Suzanne Ln

SUBDIVISION Hickory Hills BLOCK / SECTION N/A LOT # N/A LOT AREA 2.5 DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P.T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 2 Linear Feet 240

Trench Width Existing Max. Trench Bottom Depth Existing Gravel Depth Existing

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

System Description: Conventional / Existing

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

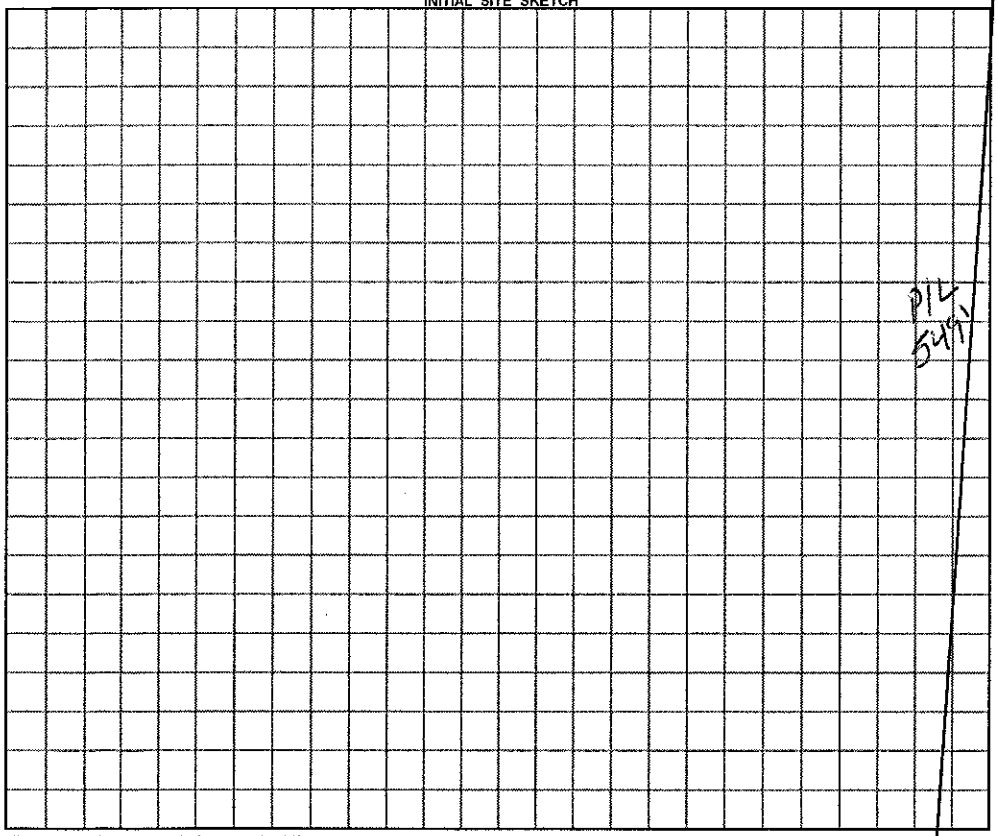
☑ Public

☐ Community

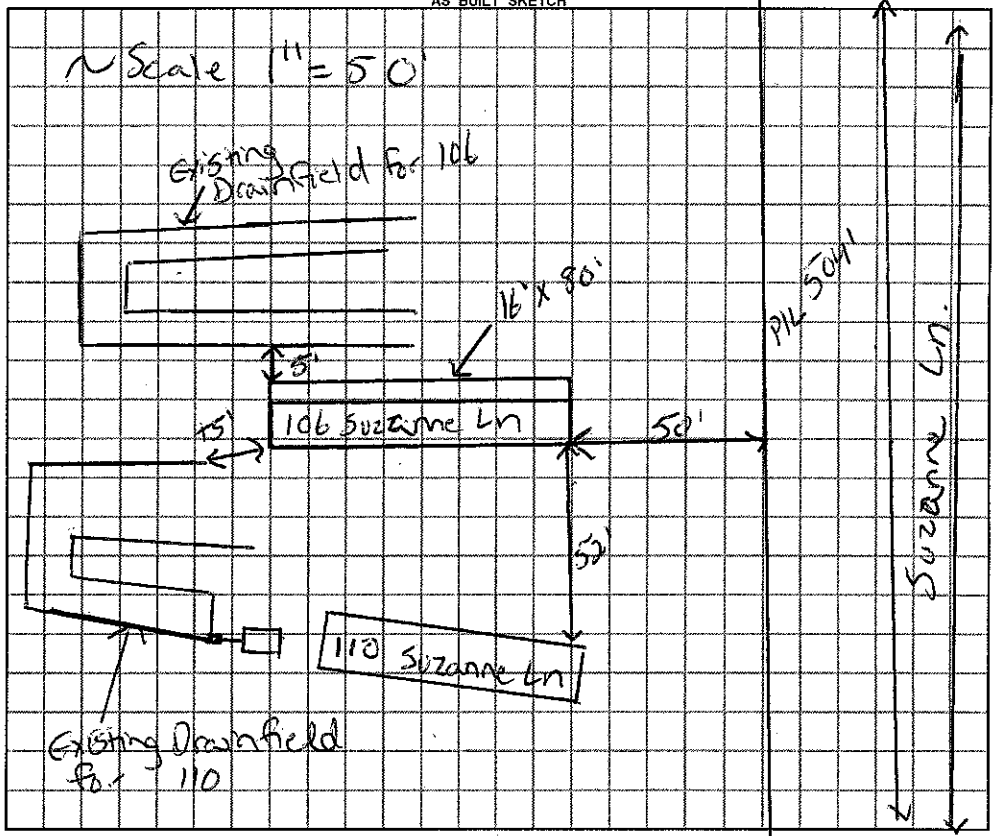
Comments / Conditions

- Maintain at least 5' btw swmft + all components of septic tank system on property

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.

☐ ***IMPROVEMENT PERMIT*** with plat valid without expiration. ☐ ***IMPROVEMENT PERMIT*** with plat ~~valid without expiration~~ site plan valid 60 mo. ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.

Owner / Applicant Signature: M. Odn K Date 5/18/12 Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____

OPERATION PERMIT by: ____ ***REHS*** Date ____

Existing System Inspected by: Justin Henderson ***REHS*** Date 5-17-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant