IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BP 218395

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

PIN # 4710683 189

APPLICANT: M. Todd Ennis APPLICANT ADDRESS: 125 Hickory Point Ct

SITE ADDRESS: 125 Hickory Point Ct PHONE: 336-371-0540 ALT. PHONE: 336-386-5832

SITE DIRECTIONS: 21S T/R old mtn T/L E Monbo T/R Pinaville T/L Spring Shore T/R Plum Tree T/L Hickory Point Ct

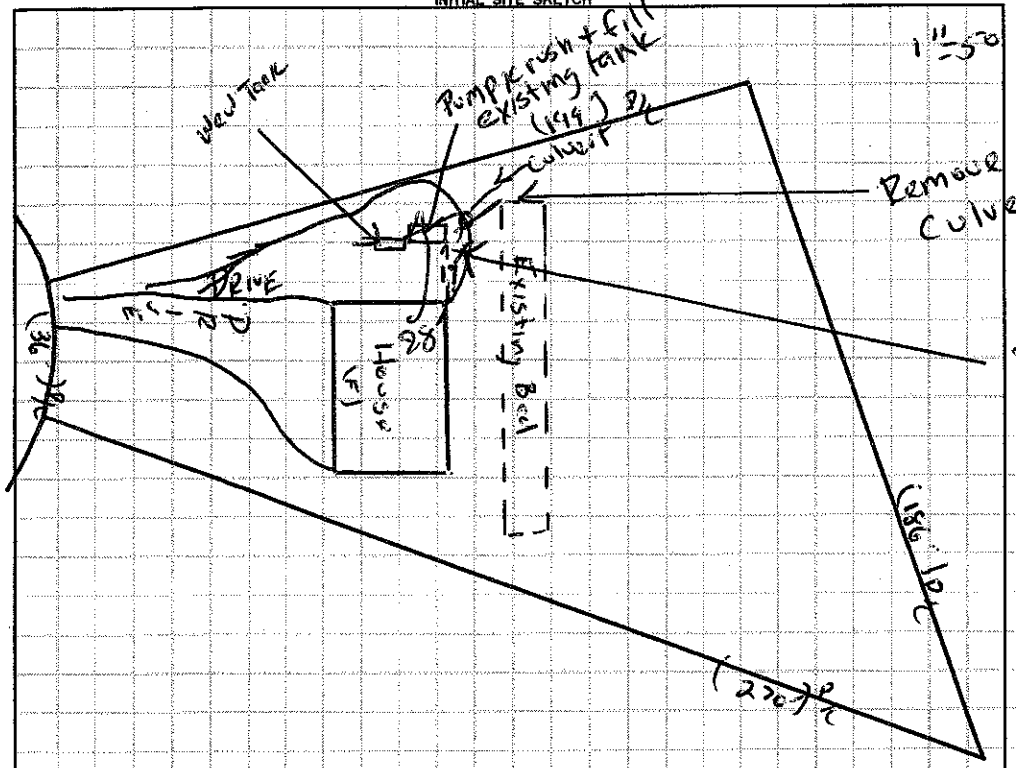
SUBDIVISION: Spring Shore SECTION: 4th LOT # 107 LOT AREA: 0.5ac DESIGN FLOW: Ex 360 L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	04/[illegible]/16	☐ New System	☒ Repair	☐ Expansion	System Type: I ☒ II III IV V VI	
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	Tank			
Pump Make		Model	Poly/Glass	Serial #	RL-66	Repair System Description:				
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	Ex 3	Water Supply	
☐ Business	No. Persons	Ex 6	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush + fill existing tank. Remove Culvert pipe, Sow existing drive with grass or use traffic rated tank

INITIAL SITE SKETCH



AS BUILT SKETCH

Remove existing Concrete over tank + Sow with grass or use traffic rated tank

Installed as drawn

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: Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 05/03/16 OPERATION PERMIT by: [signature] Date: 06/27/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 05/03/16 Existing System Inspected by: Date:

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