IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181056

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

PIN # 4711225227

APPLICANT: AKR Builders APPLICANT ADDRESS: 1796 Chelsea Place Dr.

SITE ADDRESS: 167 Huntcliff Dr. PHONE: 336-638-9489 ALT. PHONE: N/A

SITE DIRECTIONS: Buffalo Shoals Rd TL Laurel Cove Rd. TR Harbor Ridge TL Huntcliff Dr. TR Bargate Dr.

SUBDIVISION: Harbor Watch SECTION: 5 LOT # 145 LOT AREA: 1.98 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

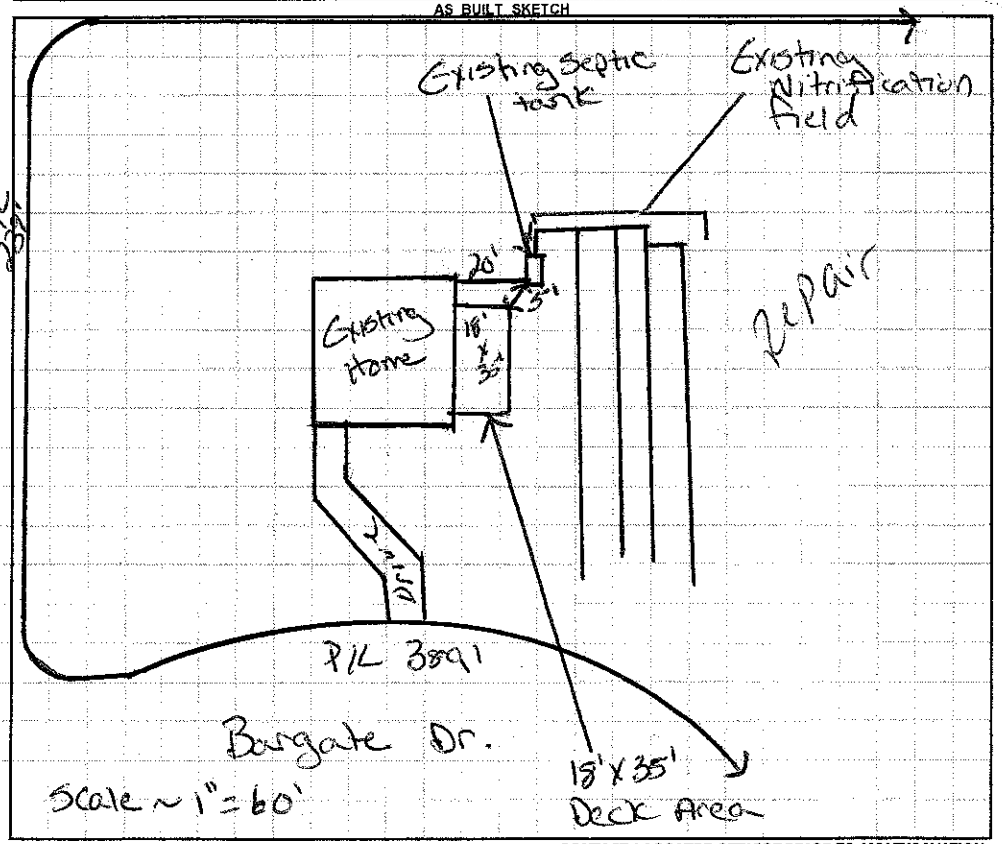
Septic Tank	Existing (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI		☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction		☐ Business	No. Persons		☑ Private
Pump Make		Model		Serial #		Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	Existing	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	GA	Max. Trench Bottom Depth	GA	Gravel Depth	GA	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

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

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. **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: _____ Date: 10/18/13 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Justin Henderson Date: 10-4-13

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