IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

MD

PERMIT # 221558

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

PIN # 4711-65-5264 ✓

APPLICANT: ANNA JONES

APPLICANT ADDRESS: 147 STONEFIELD DR. STATESVILLE

SITE ADDRESS: 160 HUSKY LN. STATESVILLE

PHONE: 704-400-0837 ~~ALT. PHONE:~~ → EDDIE JONES

SITE DIRECTIONS: BUFFALO SHOALS, TL PINEVILLE, TR HUSKY, C END

SUBDIVISION:

SECTION: LOT #: LOT AREA: 15.197 AC DESIGN FLOW: 480 L.T.A.R.:

Septic Tank (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model EXISTING Serial #

Nitrification Fields # Lines Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: GRAVEL

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

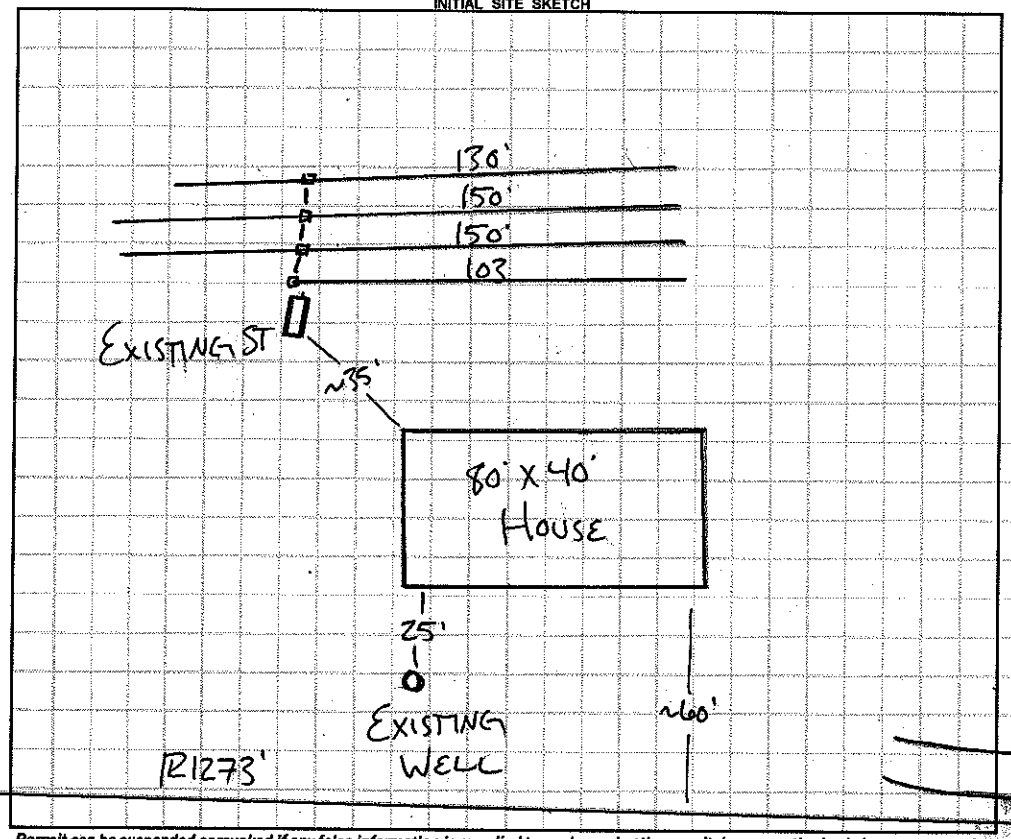
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

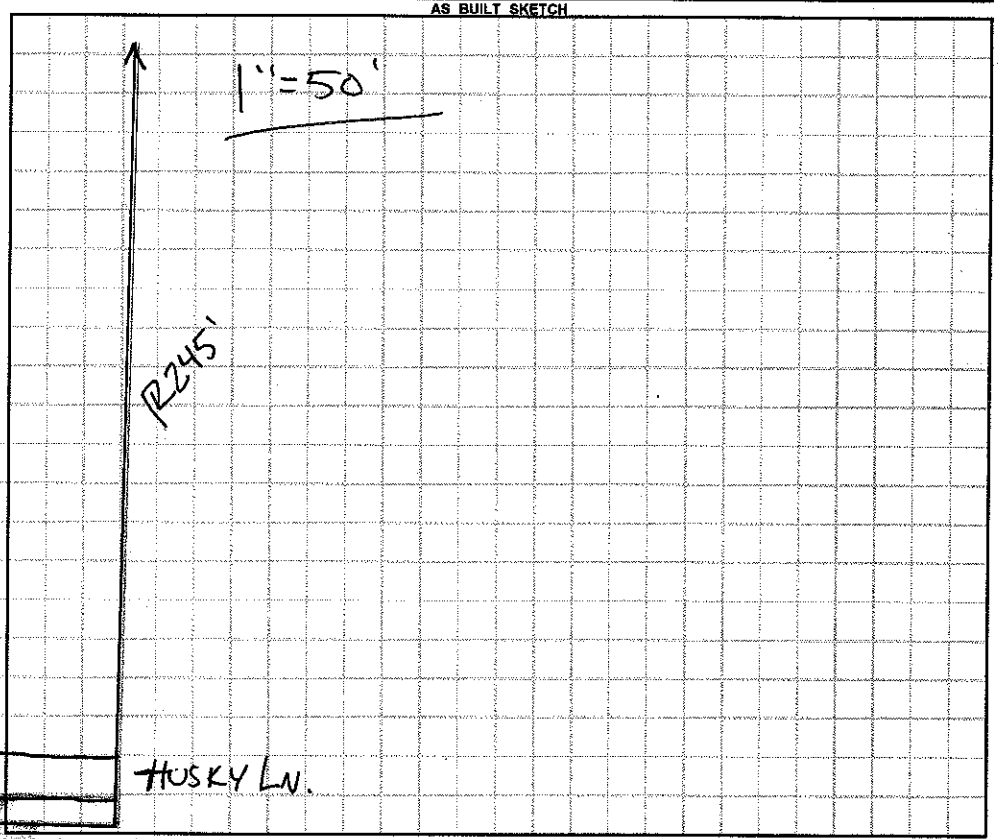
Comments / Conditions:

SYSTEM SIZED FOR 4 BR. HOUSE IS ONLY 3 C THIS TIME

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: Anna R Jones Date: 10/19/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: RA Hollis Date: 10-11-16

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