IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 179792

APPLICANT: Todd Sherrill

PIN # 4713368162

SITE ADDRESS: 1527 Old Mountain Rd. APPLICANT ADDRESS: 1527 Old Mountain Rd.

SITE DIRECTIONS: Hwy 70W TL Old Mountain Rd. Property on Right beside Celeste Henkel School PHONE: 704-883-6730 ALT. PHONE: N/A

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.69 acres DESIGN FLOW: 240 gpd L.T.A.R.: 0.25

Septic Tank	Existing (gal)	STB	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	5	Linear Ft:	246
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A

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

System Description:

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

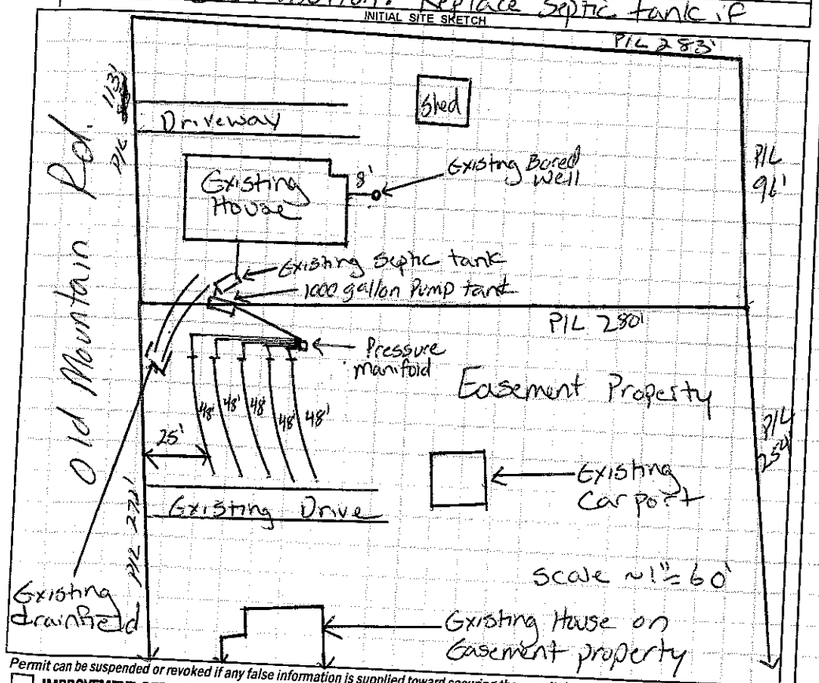
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons ____ No. Employees ____ ☑ Crawl Space ☐ Basement w/o plumbing

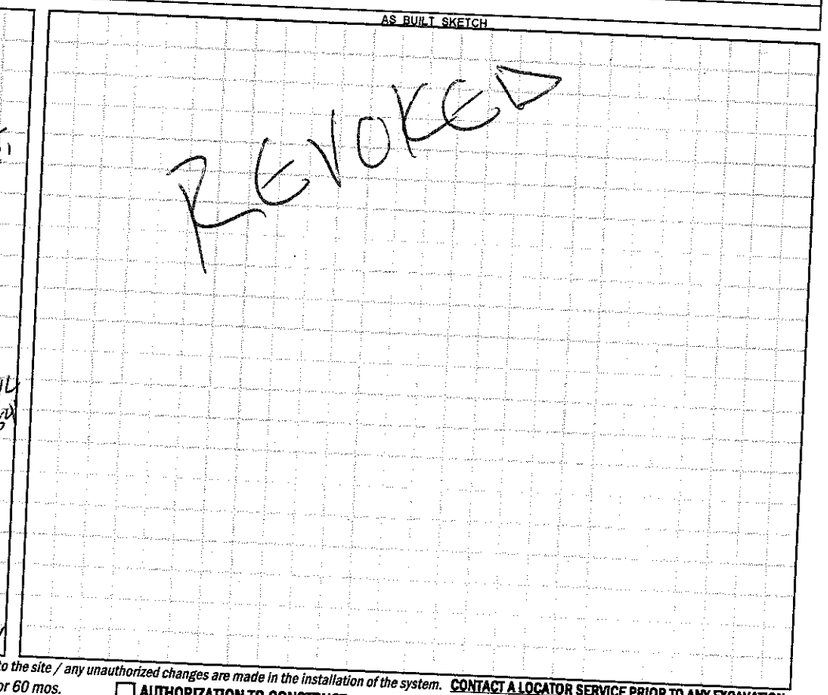
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Improvements ONLY: Submit recorded easement prior to issuance of CA. Install a 25% reduction system on contour with parallel distribution. Replace septic tank if needed. Maintain a minimum of 55' between existing bored well 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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Justin Henderson Date: 8-1-13 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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