IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17712

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

PIN # 4717818431

APPLICANT: Allen Jones APPLICANT ADDRESS: 109 Jones Brook Ln

SITE ADDRESS: 109 Jones Brook Ln. PHONE: 704-876-6799 ALT. PHONE: 704-873-1691

SITE DIRECTIONS: 115N TL Midway Rd. TR Cove Gap Rd. TR Jones Brook Ln.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 12.44acres DESIGN FLOW: 360 gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 6x
Trench Width 6x Max. Trench Bottom Depth 6x Gravel Depth 6x.

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

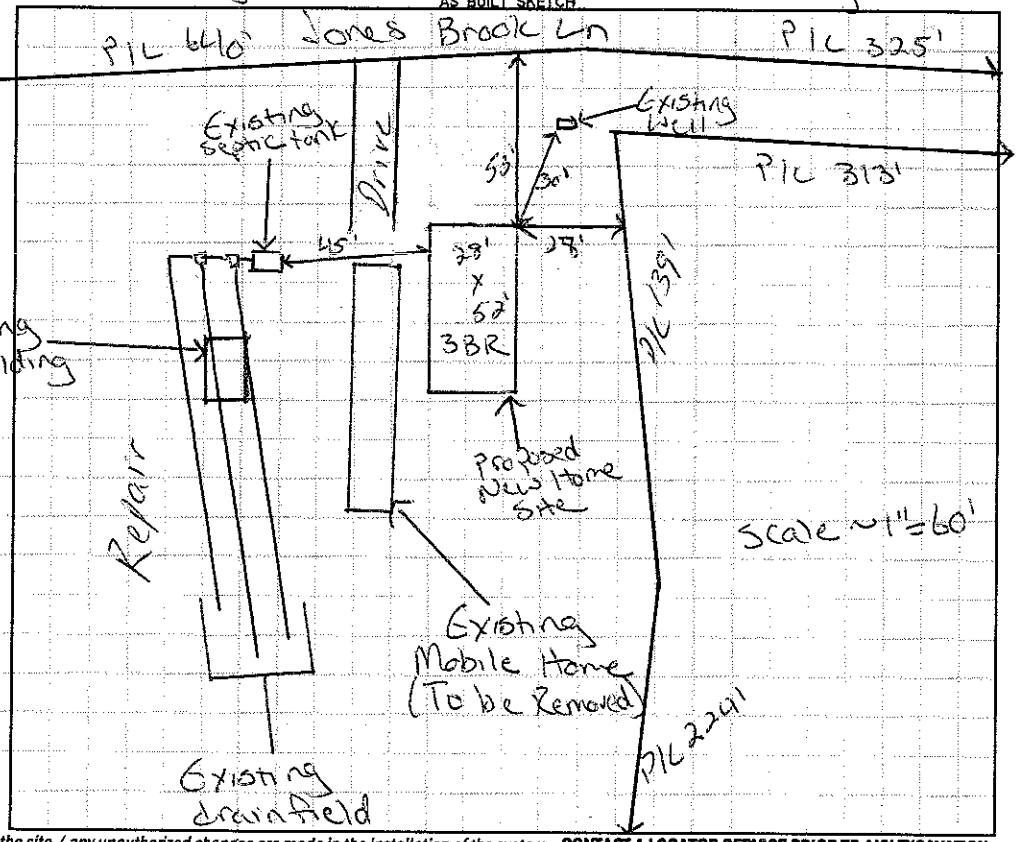
Water Supply
☑ Private
☐ Public
☐ Community

Comments / Conditions: - Relocate existing b out-building a minimum of 5' away from existing septic system & repair area to avoid revocation of this permit.

- Maintain a minimum of 25' between home foundation & existing well; Maintain a minimum of 5' between home foundation & all components of septic tank system.
- Remove Existing Home from septic prior to connecting new home.

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: Carol B Jones Date: 3-18-13 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 3-15-13

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