IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 — Mooresville Office (704) 660-3625 — PERMIT # 21164 / 21649

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

PIN # 4722-07-6714.000

APPLICANT: Todd Summerlin — APPLICANT ADDRESS: 83 Robinhood Rd.

SITE ADDRESS: 122 Cashion Farm Rd Statesville NC — PHONE: 828-381-4719 — ALT. PHONE: 704-880-8226

SITE DIRECTIONS: Buffalo Shoals Rd. To Cashion Farm Dr.

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 5.777 Acre — DESIGN FLOW: Existing — L.T.A.R.: Existing

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

☐ New System ☐ Repair ☐ Expansion — System Type: I (II) III IV V VI
System Description: Existing Conventional - Gravity
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence — No. Bedrooms: Existing
☐ Business — No. Persons: Existing
☐ Other — No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☒ Basement w/o plumbing

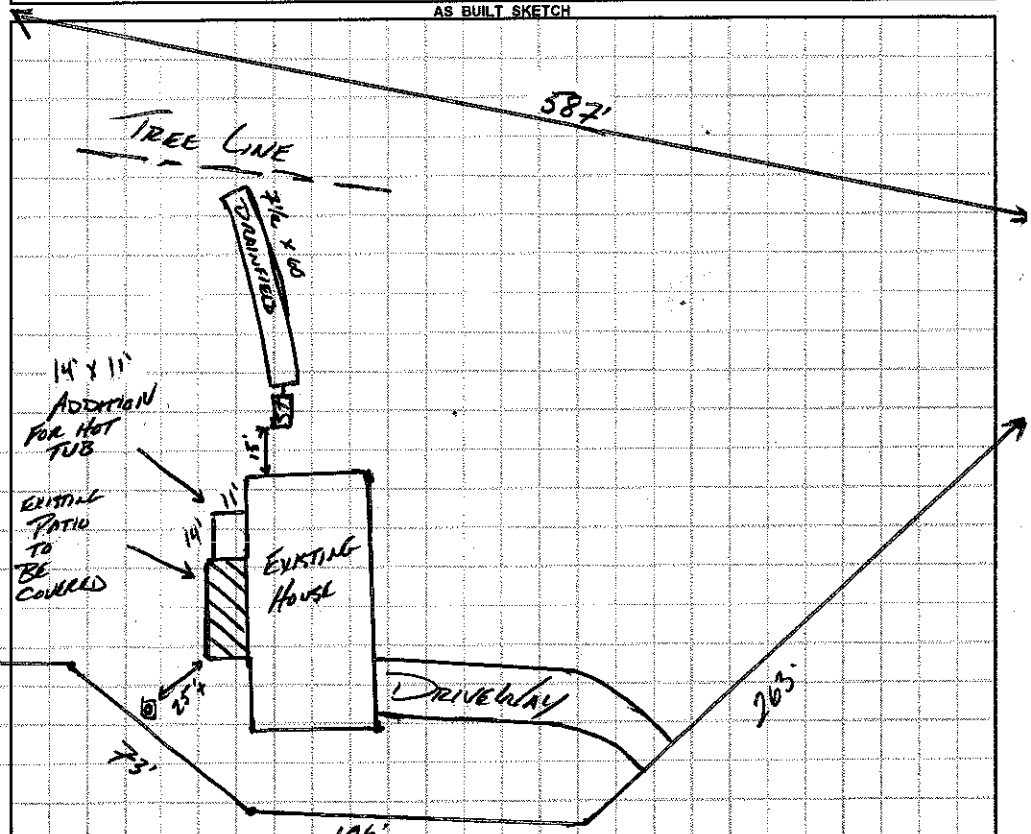
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System Accepted To Be Functional @ Time Of Inspection.

INITIAL SITE SKETCH

1" = 60'

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: [signature] Date: 7-9-15 — Installed by:

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: [signature] APPROVED Date: JUL 07 2015

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