IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 165817 PIN# 4722-84-3743 DATE 4-15-11

OWNER OR APPLICANT Jerry + Janet Mason PHONE: Business _____ Home 704-881-3220

ADDRESS 601 Old Mountain Rd

LOCATION 215 (R) on Old Mtn (W) 601 Old Mountain

SUBDIVISION N/A BLOCK / SECTION n/a LOT n/a LOT AREA 1.26 Acre SITE CLASS. PS DESIGN FLOW Ex L.T.A.R. Ex

Septic Tank: Ex Gallons; STB Ex Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet Ex Linear Feet Ex

No Lines 2 Trench Width Ex Max Trench Bottom Depth 1' Gravel Depth _____ ☐ Gravity ☐ Pressure

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

System Description: Existing

Repair System Description: /

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☐ Community

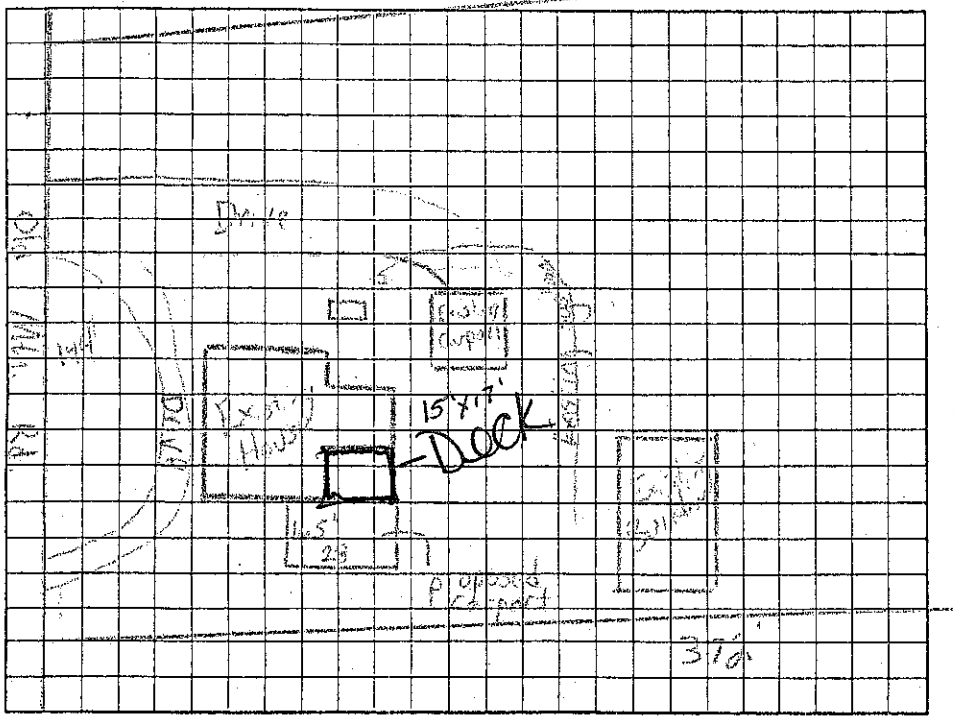
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

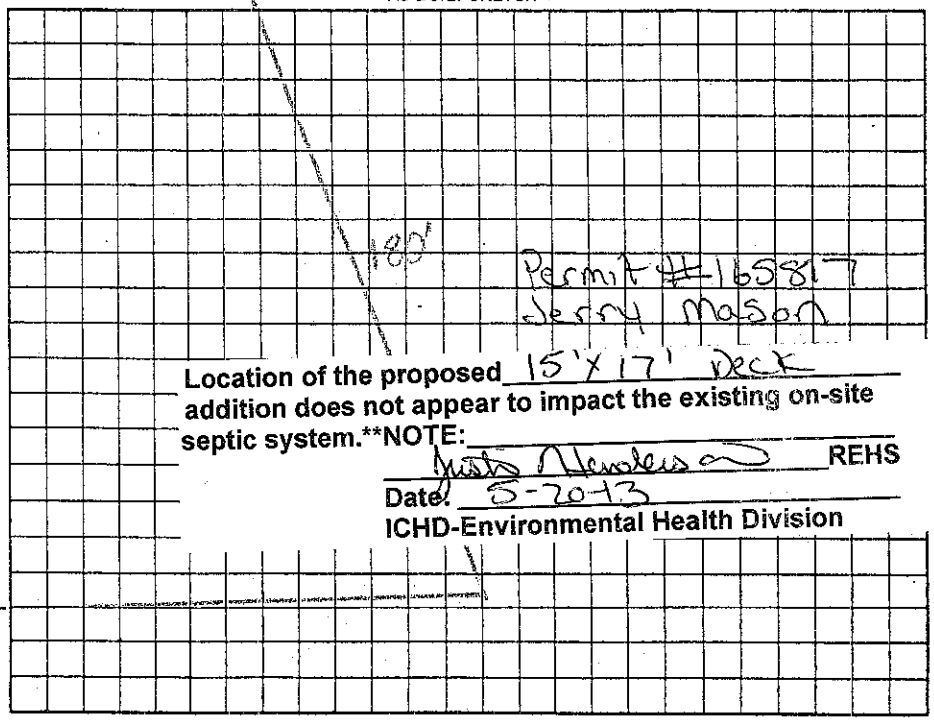
1" = 50'

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



Location of the proposed 15'X17' Deck addition does not appear to impact the existing on-site septic system.NOTE:** Justin Newsleis REHS

Date: 5-20-13

ICHD-Environmental Health Division

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 4-15

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: [signature] date 4-15-11

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK