IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 73429 PIN# 4722929212 DATE

OWNER OR CONTRACTOR Barbara ORR PHONE: Business 6644808 Home

ADDRESS

LOCATION

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. DESIGN FLOW L.T.A.R.

Septic Tank: Gallons; STB Date
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields Square Feet Linear Feet
No Lines Trench Width Max Trench Bottom Depth Gravel Depth

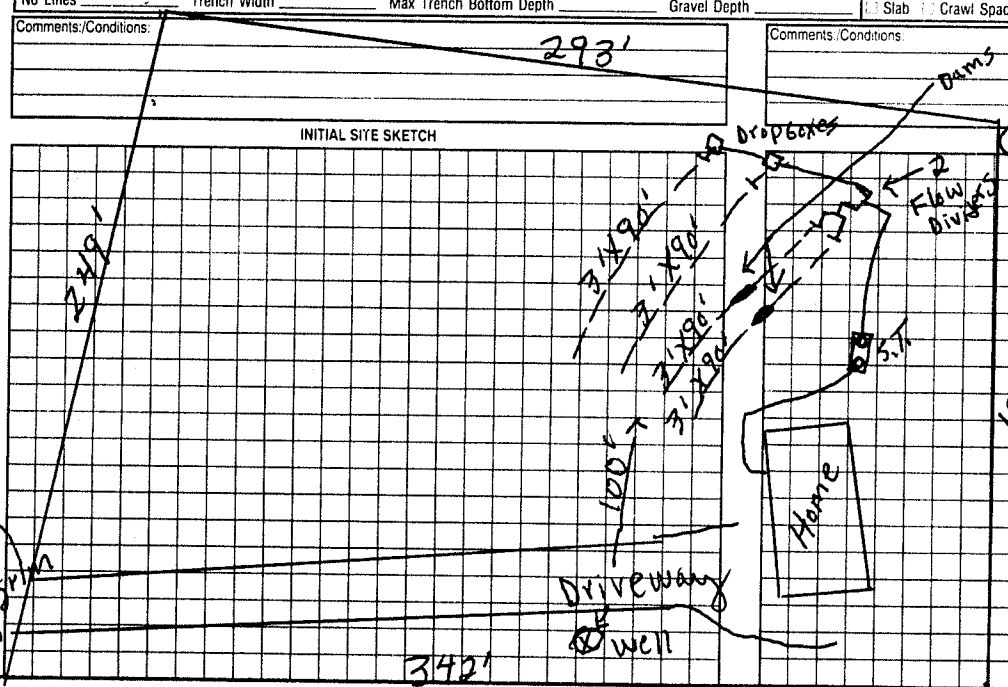
☐ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description:
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☐ No
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

☐ House/Mod. Home No. Bedrooms
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

Water Supply:
☐ Individual
☐ Public
☐ Community

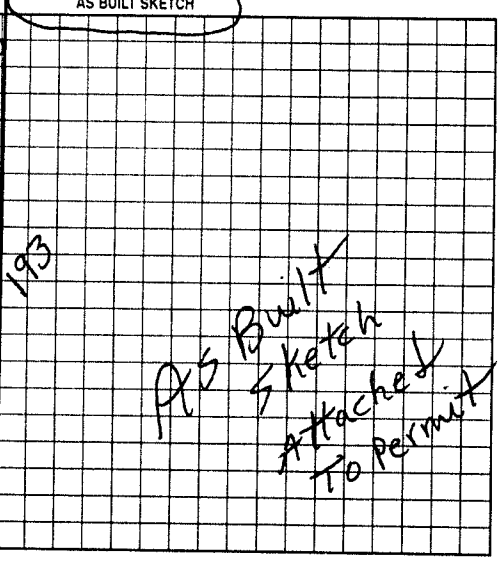
Comments/Conditions:

INITIAL SITE SKETCH



Comments/Conditions:

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. 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: date Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

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