IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 179941

PIN # 4729041683

APPLICANT: Teresa Simmons APPLICANT ADDRESS: 134 Hilltop Dr.

SITE ADDRESS: 134 Hilltop Dr. PHONE: 704-903-2345 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TL Country Life Dr TR Triton Dr. TL Hilltop Dr.

SUBDIVISION: Country Life Estates SECTION: N/A LOT # 8 LOT AREA: 0.51 acres DESIGN FLOW: 240 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	2	Linear Ft:	Ex
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex

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

System Description: Conventional

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 2 No. Persons ____ No. Employees ____ ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

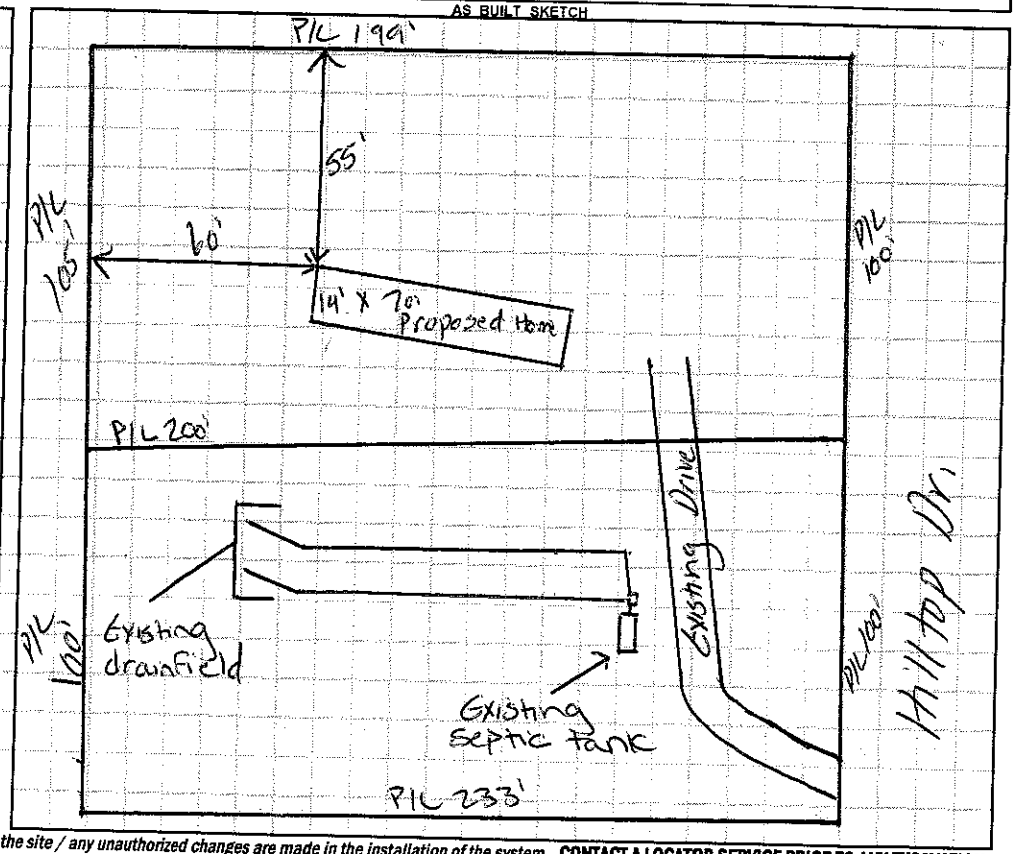
Comments / Conditions:

- maintain a minimum of 5' between Home foundation & all components of septic tank system.

INITIAL SITE SKETCH

Scale ~ 1" = 50'

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: Teresa Simmons Date: 8-9-13 Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Justin Henderson Date: 8-8-13

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