# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213048

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

PIN # 4730311965

APPLICANT: James Hoover APPLICANT ADDRESS: 220 Lockhard Circle

SITE ADDRESS: 220 Lockhard Circle PHONE: 704-902-8778 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 S TR Perth Rd TR State Park Rd TL Lockhard Circle

SUBDIVISION: Allison Acres I SECTION: N/A LOT # 31-32 LOT AREA: 0.938 acres DESIGN FLOW: Existing L.T.A.R.: Existing

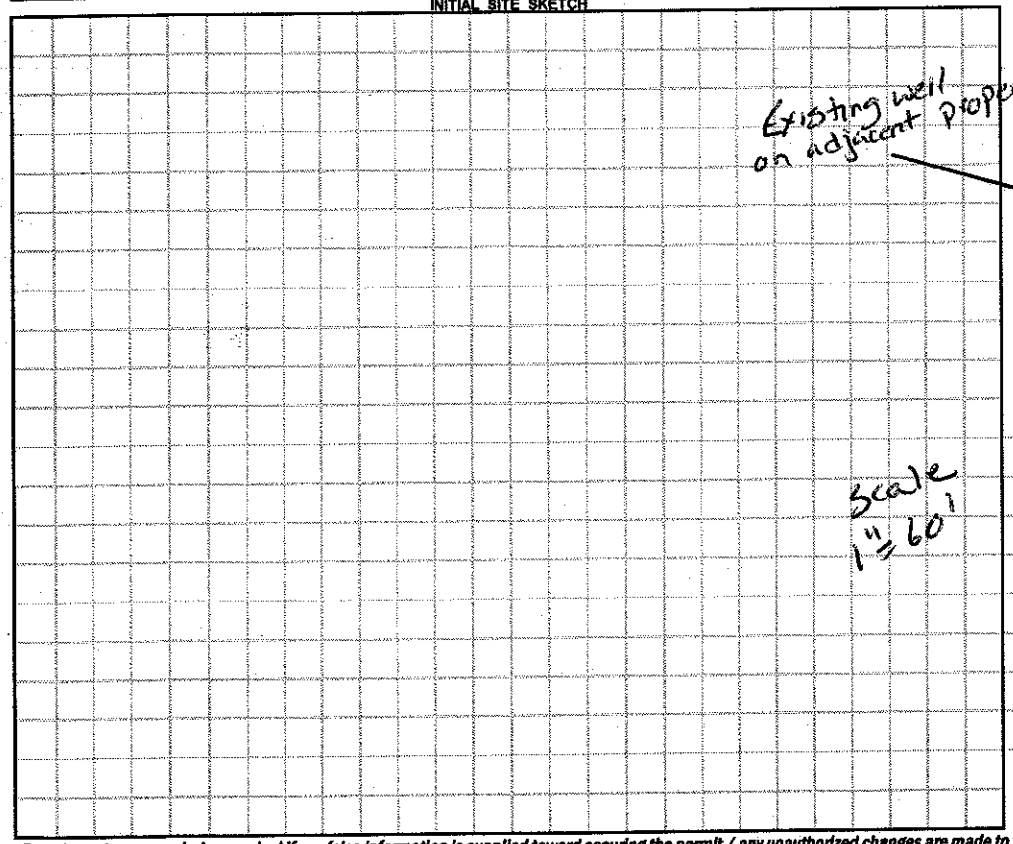
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | Existing (gal) | STB | Date | ☐ New System ☐ Repair ☐ Expansion | System Type: I ☑ II III IV V VI | ☑ Residence | No. Bedrooms Ex |
| Pump Tank | (gal) | PT | Date | System Description: Existing | | ☐ Business | No. Persons Ex |
| Pump Make | | Model | Serial # | Repair System Description: | | ☐ Other | No. Employees |
| # Nitrification Fields | Ex | # Lines Ex | Linear Ft: Ex | Maintenance Agreement Required: | ☐ YES ☑ NO | ☐ Slab | ☐ Crawl Space |
| Trench Width | Ex | Max. Trench Bottom Depth Ex | Gravel Depth Ex | | ☑ GRAVITY ☐ PRESSURE | ☑ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☑ Private ☐ Public ☐ Community

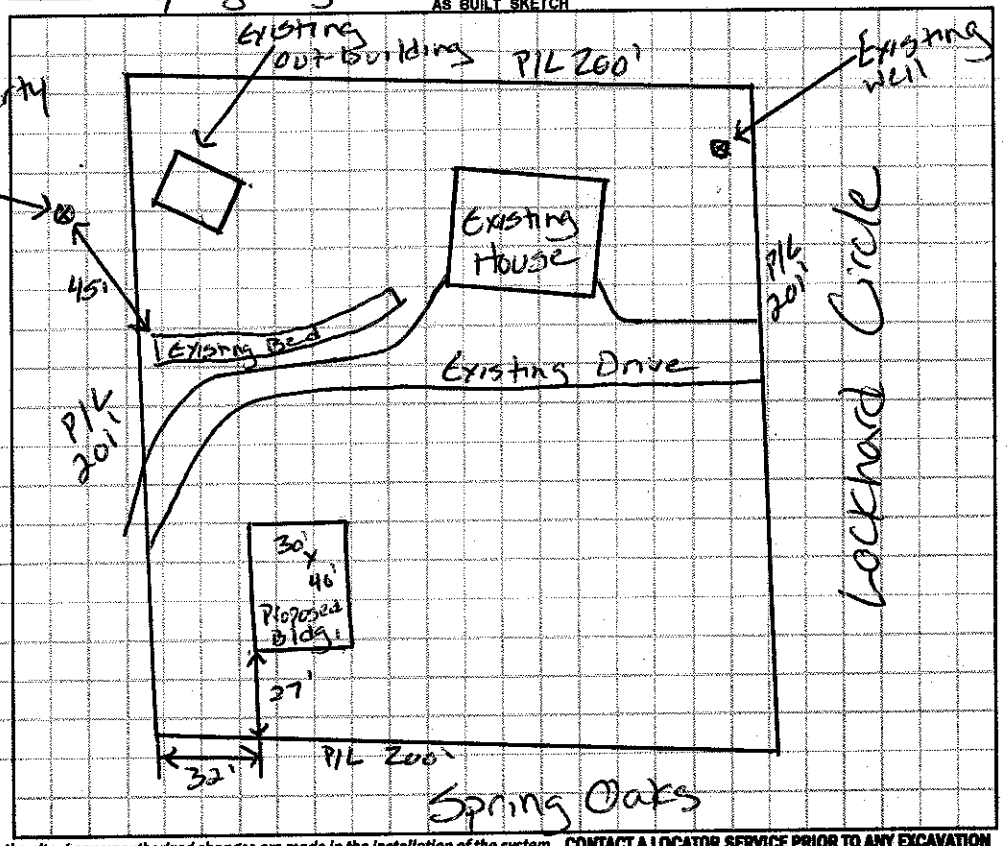
Comments / Conditions: - Maintain a minimum of 5' between proposed Building Foundation & all components of septic tank system.

Existing septic tank location unknown due to depth of tank. Well on adjacent property only 45' from drainfield (see attached email from Alan McKinney regarding this set back)

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: James Hoover Date: Oct 13, 15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 10-13-15

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