IREDELL COUNTY HEALTH DEPARTMENT

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

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17819

PIN # 4731 88 1815

CEO Properties LLC APPLICANT ADDRESS: PO Box 896, Mt. Gilead, NC 27306

117 Sherills Ct, Troutman, NC 28166 PHONE: 704-660-1755 ALT. PHONE:

DIRECTIONS: 115 S (L) on Old Murdock Rd, (R) on Sherills Court, lot on left at end.

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: .46 DESIGN FLOW: 240 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	825	Date	3-28-13	☐ New System	☒ Repair ☐ Expansion
Pump Tank	1000 (gal)	PT	301	Date	3-20-13	System Type: I II (III) IV V VI	
Pump Make	Zoeller	Model	N151	Serial #		System Description:	
# Nitrification Fields	1	# Lines	3	Linear Ft:	240	Repair System Description:	25% Reduction Pump
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	n/a	Maintenance Agreement Required:	☐ YES ☒ NO
							☒ GRAVITY ☐ PRESSURE

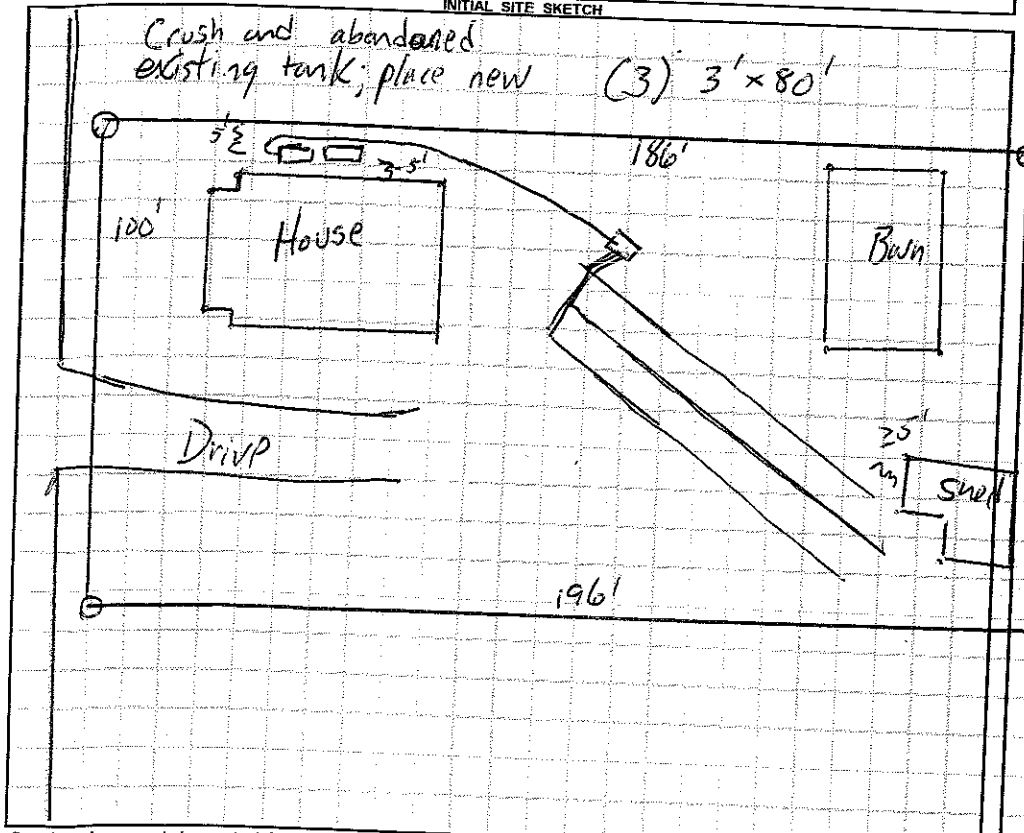
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons ____ No. Employees ____ ☒ Crawl Space ☐ Basement w/o plumbing

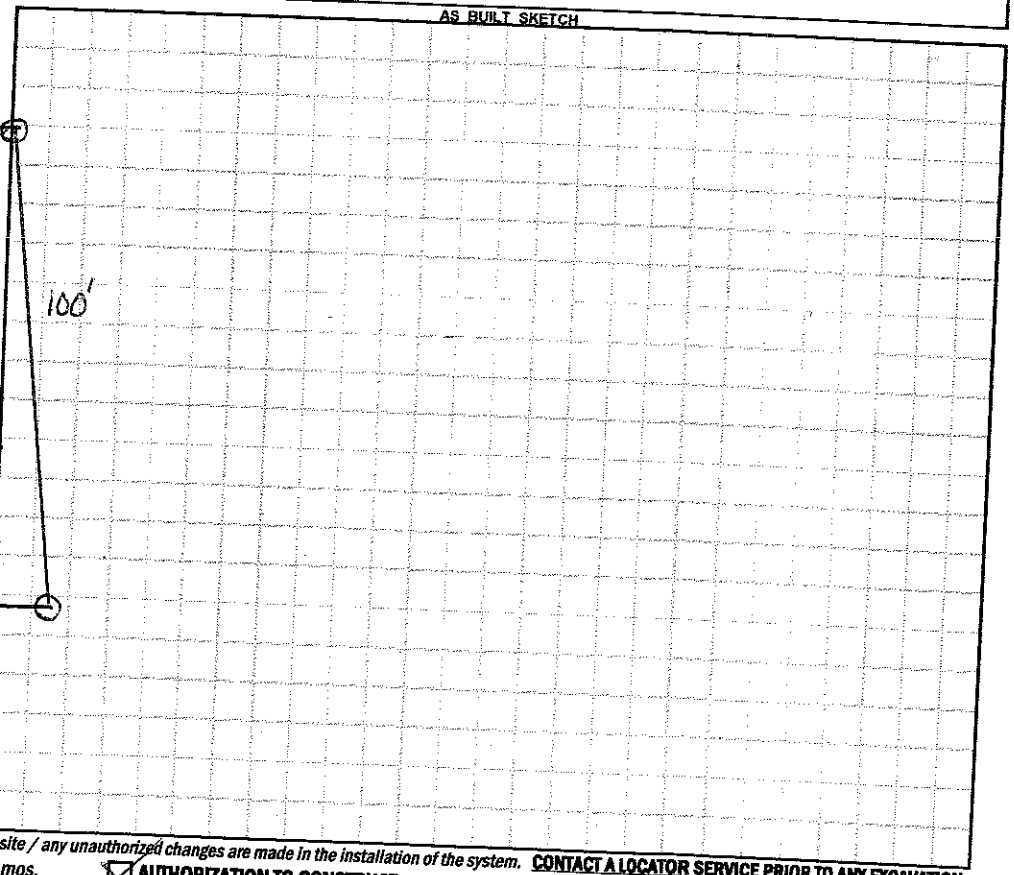
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Keep tank and lines greater than 5' from all property lines and foundations

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: [signature] Date: 4-19-13 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: [signature] Date: 4-18-13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4-18-13 Existing System Inspected by: Date:

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