IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 221490

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

PIN # 4735-08-4592

APPLICANT: AKR Builders APPLICANT ADDRESS: ~~3824~~ S. Holden Rd. Greensboro

SITE ADDRESS: 144 Creekside Dr. Statesville PHONE: 336-638-9489 ALT. PHONE:

SITE DIRECTIONS: 115 N, TL Old Wilksboro, TR Northmont, TL Creekside, on L

SUBDIVISION: Northmont SECTION: LOT # 59 LOT AREA: DESIGN FLOW: 360 L.T.A.R.:

Septic Tank Ex. 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: Gravel

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

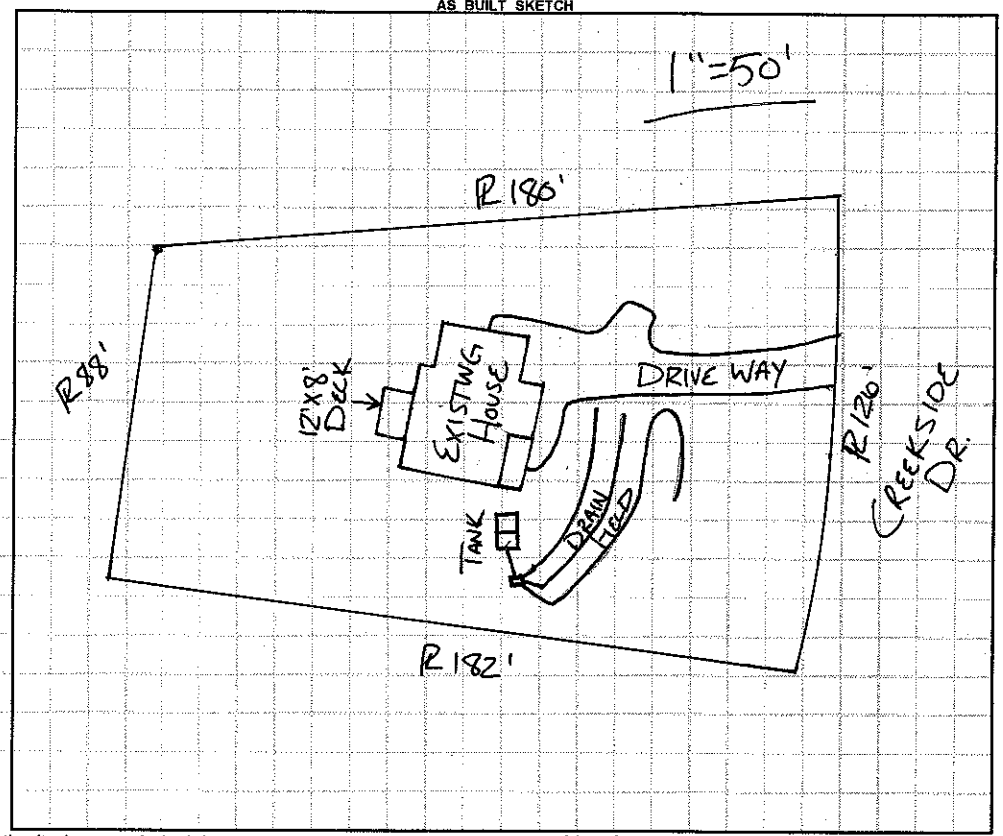
☐ Basement w/o plumbing

Comments / Conditions:

Deck

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: Contractor never picked up Date: 12/8/16 (cd) Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 10-4-16

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