IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214332

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

PIN # 4735541299

APPLICANT: Fawn Combs APPLICANT ADDRESS: 303 Center St.

SITE ADDRESS: 1509 Cameron Dr. PHONE: 704-880-2555 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115N TR S Chipley Ford Rd TR Beverly TR Cameron

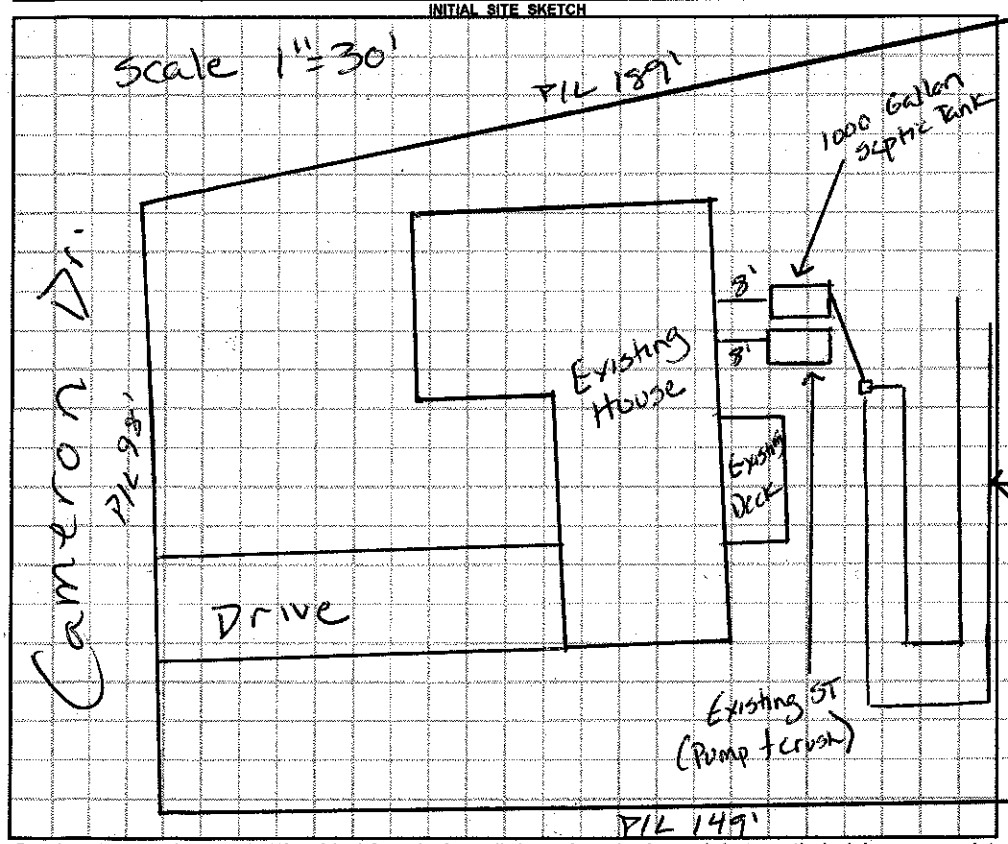
SUBDIVISION: Beverly Heights Addition SECTION: N/A LOT # 93 LOT AREA: 0.45 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	160	Date	8-7-15	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:				☐ Business	No. Persons 6
Pump Make	N/A	Model	Poly/Tank	Serial #	PL-68	Repair System Description:	TANK			☐ 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

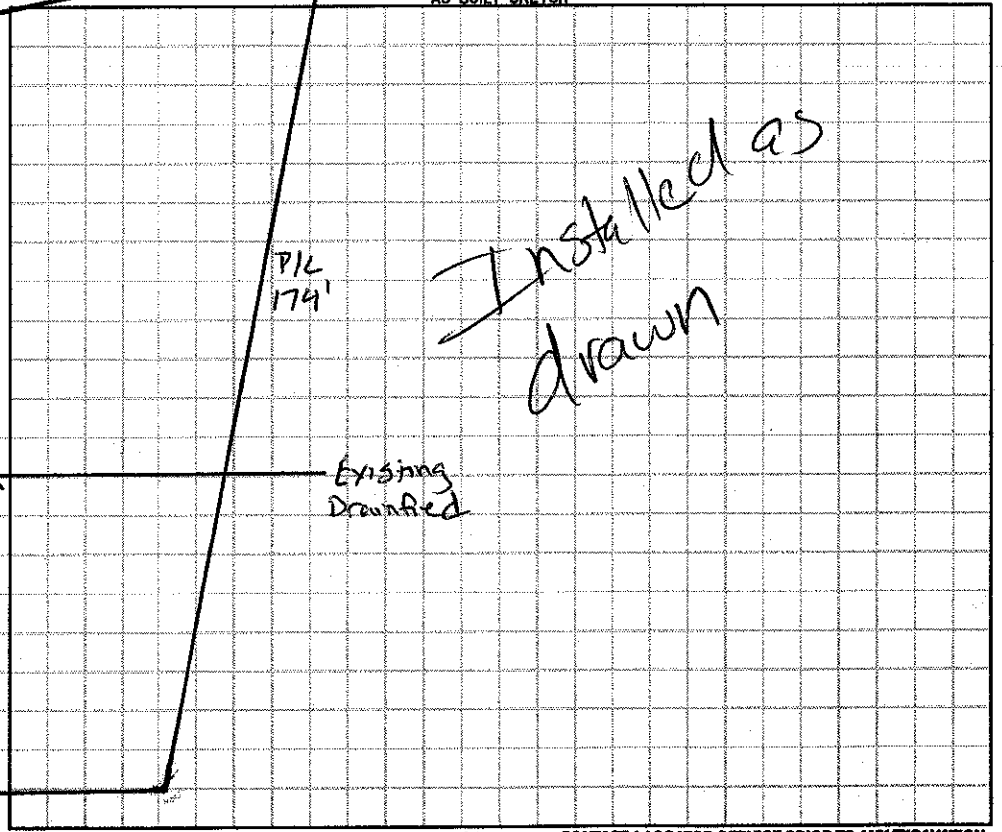
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump & crush existing septic tank. Set new septic tank @ location shown below & connect to existing drainfield

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 plot 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: Fawn Combs Date: 10-22-15 Installed by: K+M Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-22-15 OPERATION PERMIT by: Robert F. Date: 11/13/15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 10-22-15 Existing System Inspected by: Date:

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