IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 200343

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

PIN # 4742770327

APPLICANT: Jochen & Sabine Wieland APPLICANT ADDRESS: 162 Queens Cove Rd Mooresville NC 28117

SITE ADDRESS: 2776 Amity Hill Rd Statesville NC PHONE: 704-677-0004 ALT. PHONE: 704-363-7288

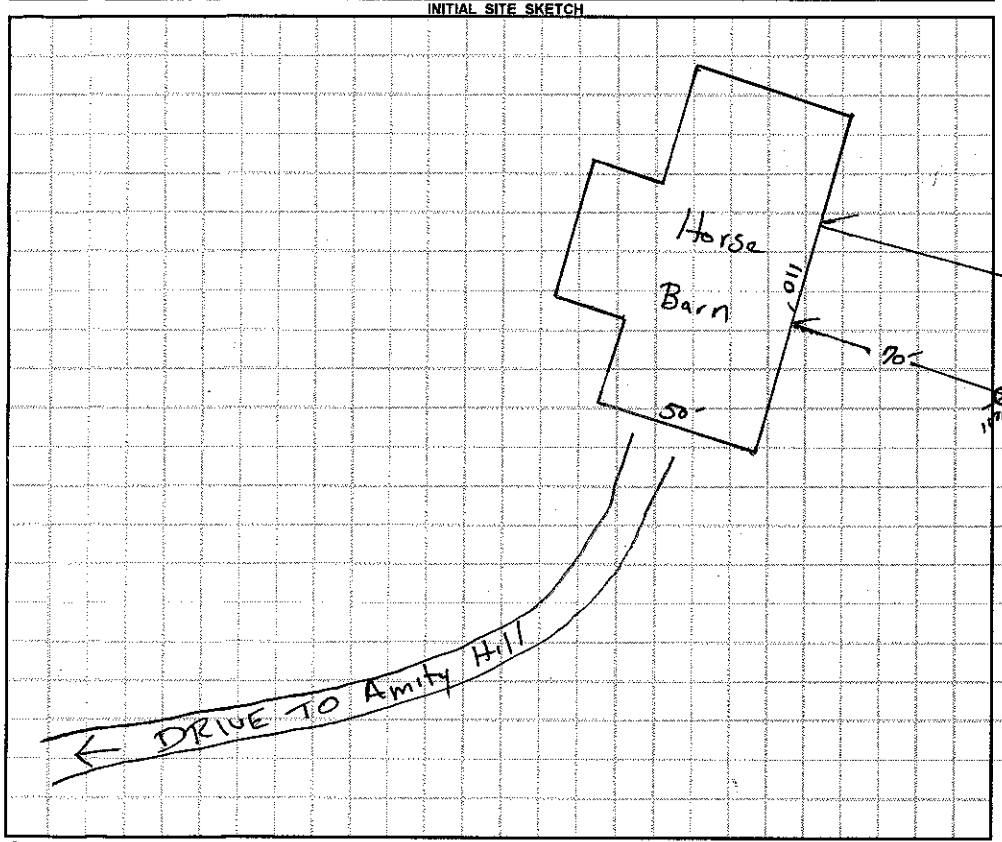
SITE DIRECTIONS: Hwy 21 toward troutman T/L Murdock T/L Amity Hill Rd Property on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 63.9ac DESIGN FLOW: 360 L.T.A.R.: EX

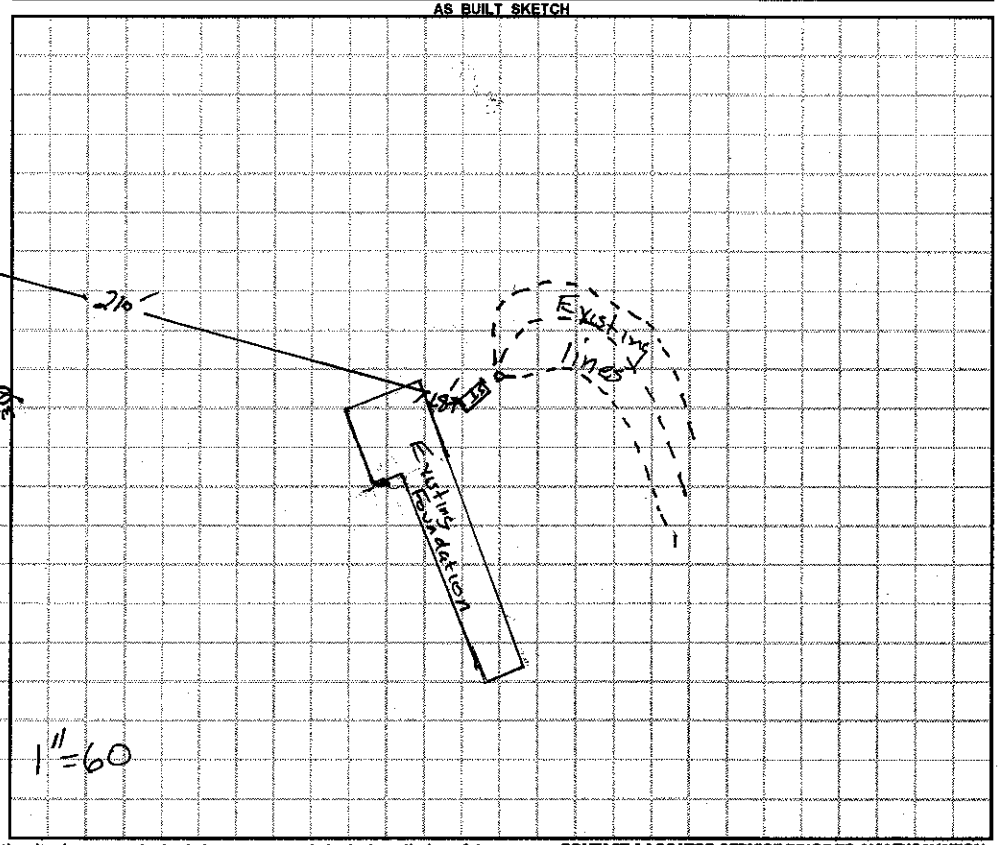
Septic Tank	EX	(gal)	STB	EX	Date	EX	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☐ Residence	No. Bedrooms	3	Water Supply
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description: Existing	☐ Business	No. Persons	6	☒ Private
Pump Make	N/A	Model	N/A		Serial #	N/A	Repair System Description: Existing	☒ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft:	EX	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	EX	Max. Trench Bottom Depth	EX		Gravel Depth	EX	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: All building foundations must be ≥5' from any part of STS and ≥25' from any well.

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: _____ Date: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: 03/25/14

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