# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 190010

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

PIN # 4746454410

APPLICANT: Lisa Borkowski APPLICANT ADDRESS: 172 Shumaker Dr.

SITE ADDRESS: 172 Shumaker PHONE: 980 248 6826 ALT. PHONE:

SITE DIRECTIONS: Hwy 21 N, (1) on Shumaker, property on R

SUBDIVISION: Iredell Heights SECTION: n/a LOT # n/a LOT AREA: .53 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank Ex (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields Ex # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

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

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms No. Persons No. Employees ☐ Crawl Space

**Water Supply**: ☒ Private ☒ Public ☐ Community

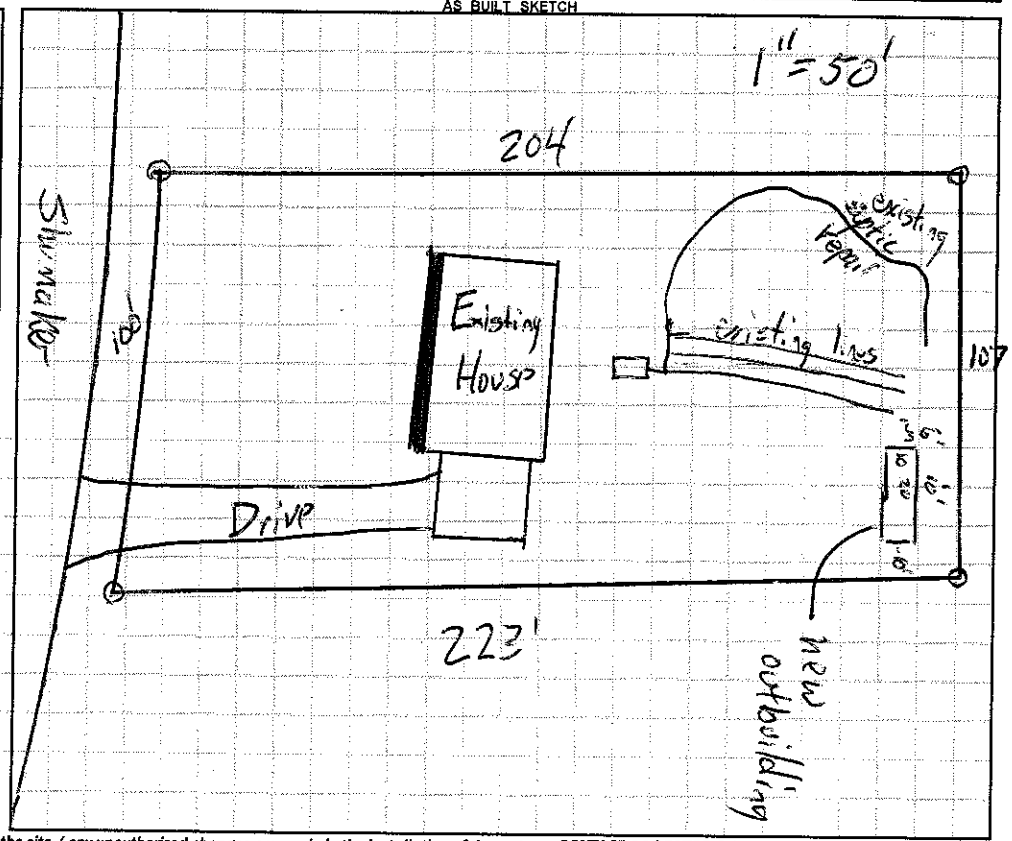
☐ Basement w/o plumbing

Comments / Conditions:

Accessory building to be located in area shown.

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: Lisa Borkowski Date: 8-15-13 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 8-15-13

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