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IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218065

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

PIN # 4752-82-1580.000

APPLICANT: Bobby D. Millsaps APPLICANT ADDRESS: 781 Shiloh Rd. Statesville NC

SITE ADDRESS: 781 Shiloh Rd. Statesville NC PHONE: 704-775-0485 ALT. PHONE: 704-871-1612

SITE DIRECTIONS: Hwy 70 To Shiloh Rd., Site on L

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 17.11 Acre DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank ~~Ex.~~ (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 Conventional - Gravity

Repair System Description: Conventional

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms Ex.

☐ Business No. Persons Ex.

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply

☒ Private

☐ Public

☐ Community

Comments / Conditions: Existing System Approved To Be Functioning @ Time of Inspection. This Permit Is For 12'x 39' Deck & Roof Addition. Maintain 25' From Well.

987'

INITIAL SITE SKETCH

1" = 40'

Shiloh Rd.

208'

AS BUILT SKETCH

Retaining Wall

Existing Tank

Existing Conventional Drainfield Bed

Existing House

Deck + Roof Addition

39'

12'

Gravel Driveway

Existing Shed To Be Removed

25'

Existing Well

Existing Shed

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: Bobby D Millsaps Date: 5-23-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

APPROVED MAY 19 2016

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