IREDELL COUNTY HEALTH DEPARTMENT ES

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210618

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

PIN # 4755820657

APPLICANT: Debra Liller APPLICANT ADDRESS: 240 N. Greenbriar Rd.

SITE ADDRESS: 240 N. Greenbriar Rd. PHONE: 704-881-2204 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64 E. TR Greenbriar Rd. Property on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.58 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank Existing (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: ☑ 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 3 No. Persons 6 No. Employees Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

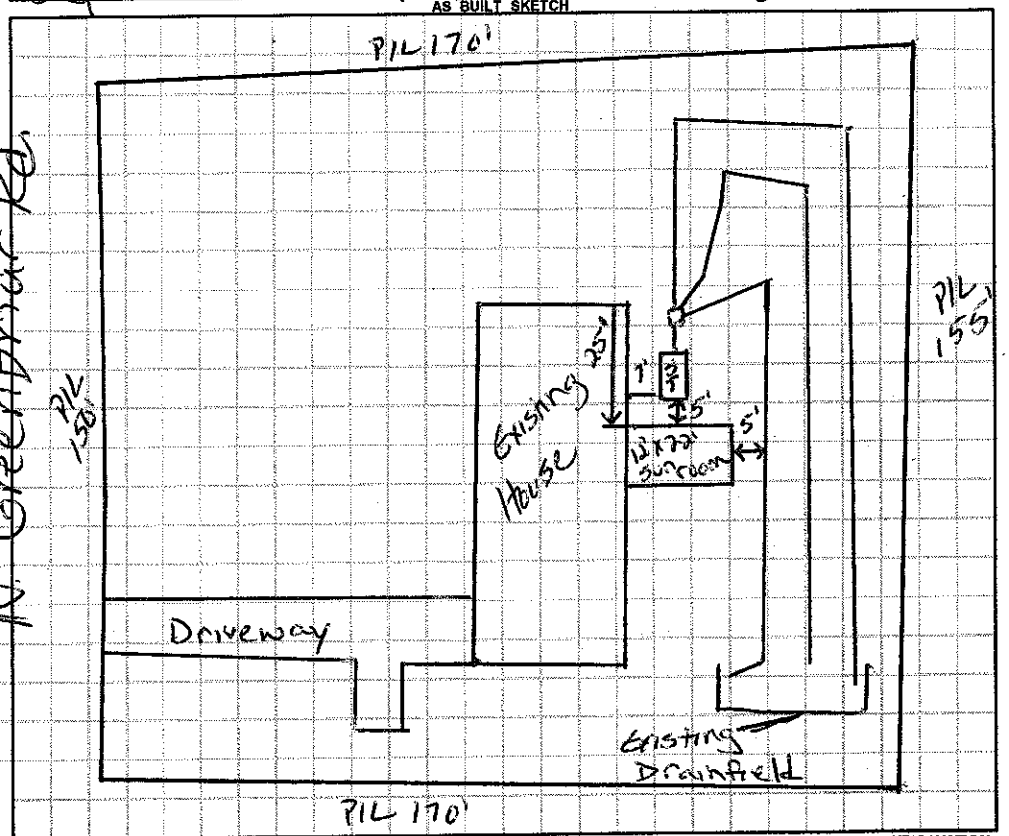
Sun Room foundation shall be a minimum of 5' from all components of septic tank system. Existing patio w/in 5' of septic tank shall be removed at

INITIAL SITE SKETCH

Scale 1"=40'

N. Greenbriar Rd.

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: Scott Liller Date: 6-8-15 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 6-5-15

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