IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21619

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

PIN # 4756465502 4650

APPLICANT: Joseph Gorentz APPLICANT ADDRESS: 621 Jane Sowers Rd.

SITE ADDRESS: 621 Jane Sowers Rd. - Statesville PHONE: 704-929-6874 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21N TR Jane Sowers Rd. Property on left just past Donna

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.90 acres DESIGN FLOW: Existing 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: I II (III) IV V VI

System Description: Existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms Ex

☐ Business No. Persons Ex

☐ Other No. Employees

☐ Slab ☑ Crawl Space

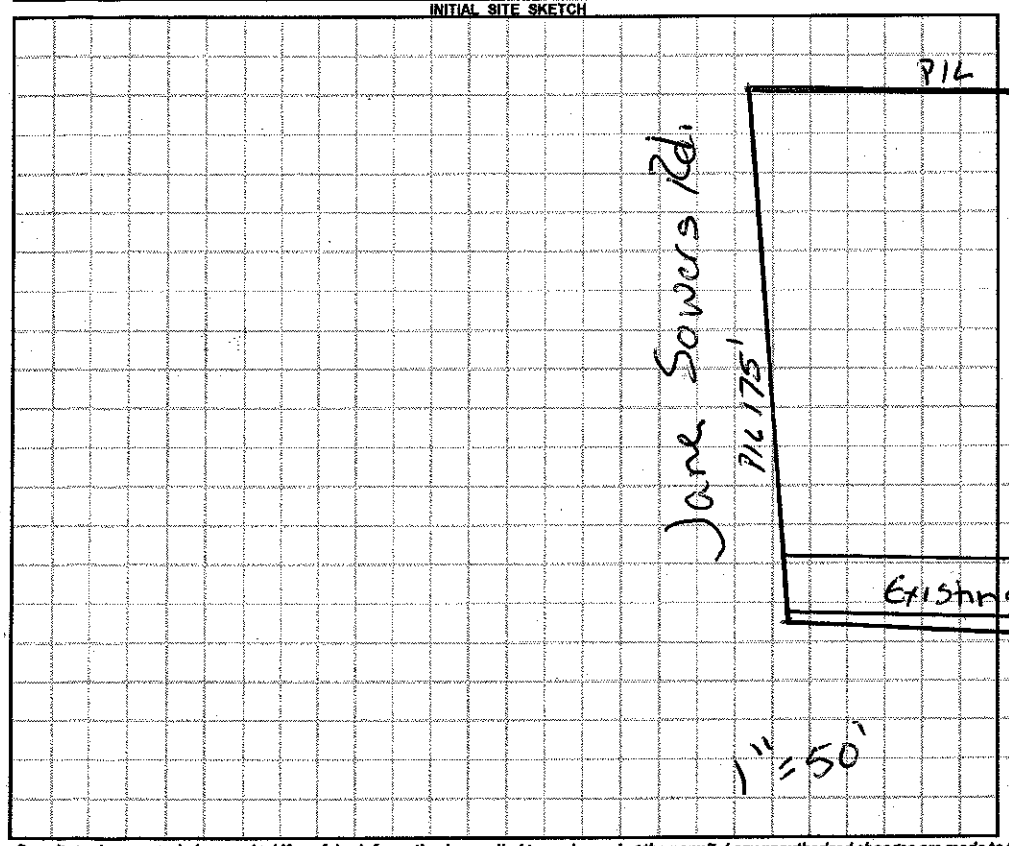
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

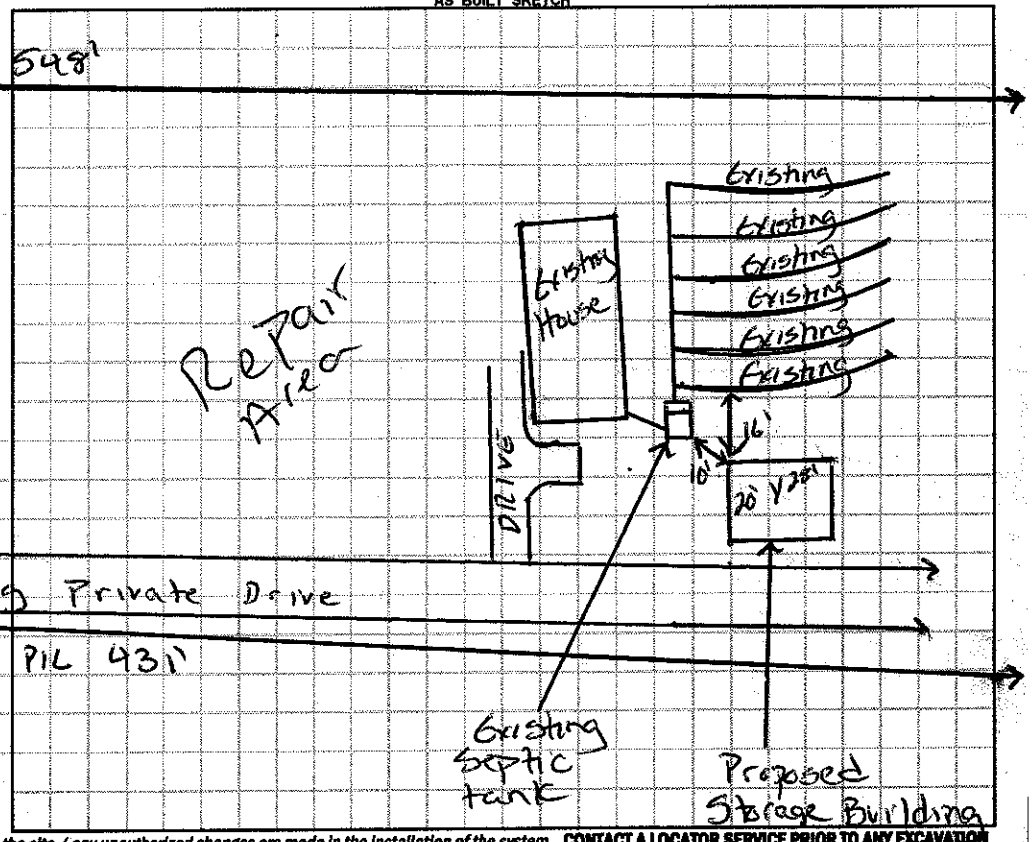
Comments / Conditions:

- Maintain a minimum of 5' between proposed storage shed foundation & all components of septic tank system.

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: [signature] Date: 4/29/16

Installed by:

IMPROVEMENT PERMIT by: Date:

OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Existing System Inspected by: [signature] Date: 4-29-16

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