IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 214557

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

PIN # 4756-53-0321.117

APPLICANT: CONSOLDATED CONSTRUCTION APPLICANT ADDRESS: 217 SAIN RD.

SITE ADDRESS: 117 OWL HOLLOW LN.- Statesville PHONE: 704-500-7067 ALT. PHONE:

SITE DIRECTIONS:

SUBDIVISION: MEADOW VIEW ESTATES SECTION: LOT # 5 & 6 LOT AREA: .96 AC DESIGN FLOW: 360 L.T.A.R.:

Septic Tank EXISTING 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines EXISTING Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth 10"

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

System Description: GRAVEL

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons No. Employees

☐ Crawl Space ☐ Basement w/o plumbing

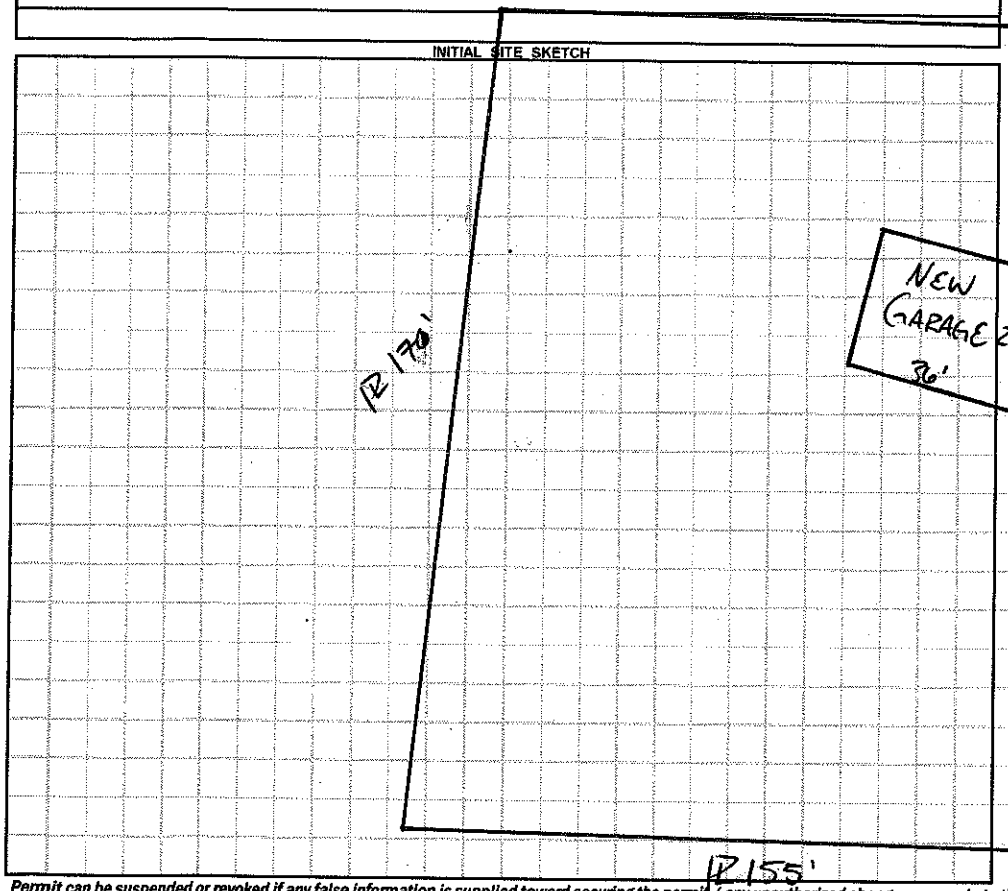
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

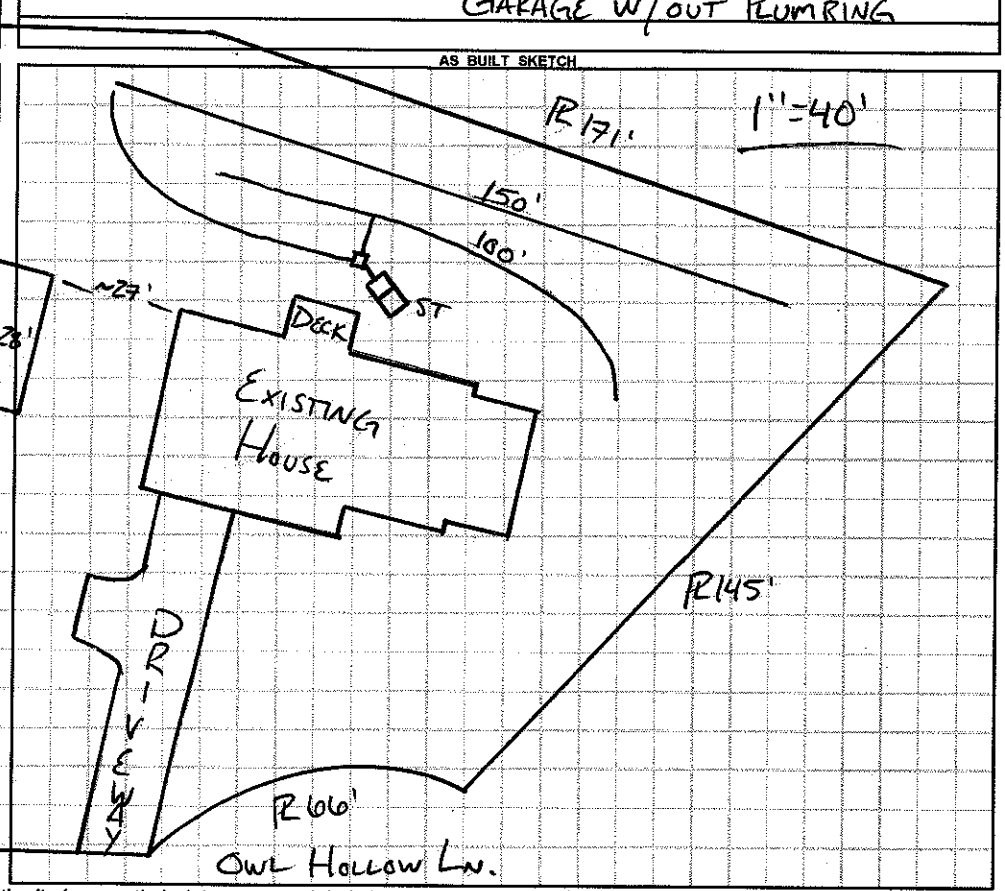
R 150'

GARAGE W/OUT PLUMBING

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: issued w/o signature 12/10/15 Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED DEC 07 2015

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