IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 156886 PIN # 2764-67-4206 DATE

OWNER or APPLICANT PAM Carolina Prop PHONE: Business Home:

OWNER or APPLICANT ADDRESS

LOCATION / DIRECTIONS 127 Dogwood Estates (left) (R) Bellflower (L) Dogwood (R) at 3rd lot on left

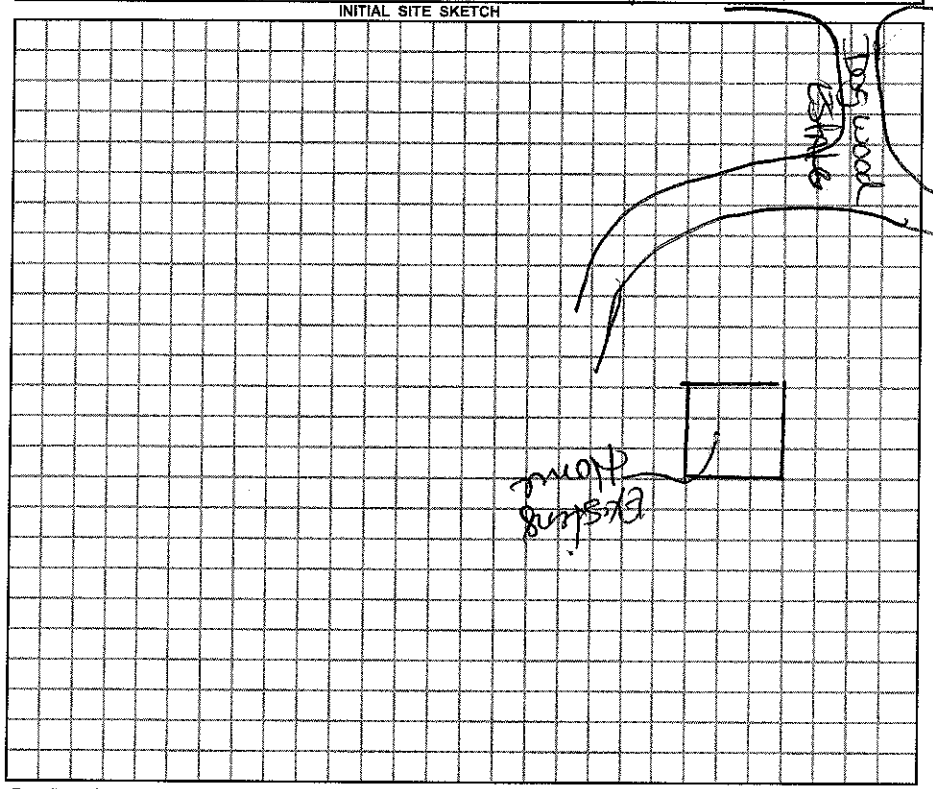
SUBDIVISION Dogwood Estate BLOCK / SECTION exist LOT # LOT AREA DESIGN FLOW 240 L.T.A.R. exist

Septic Tank exist Gallons: STB Date	~~New System~~ Repair Expansion System Type I II III IV V VI	Residence No. Bedrooms 2	Water Supply
Pump Tank Gallons: P T Date	System Description: Conventional Gravity	Business No. Persons	Private
Pump Make Model Serial #	Repair System Description:	Other No. Employees	~~Public~~
Nitrification Field No Fields No Lines Linear Feet exist	Maintenance Agreement Required YES NO	Slab Crawl Space	Community
Trench Width exist Max. Trench Bottom Depth exist Gravel Depth exist	GRAVITY PRESSURE	Basement w/plumbing Basement w/o plumbing	

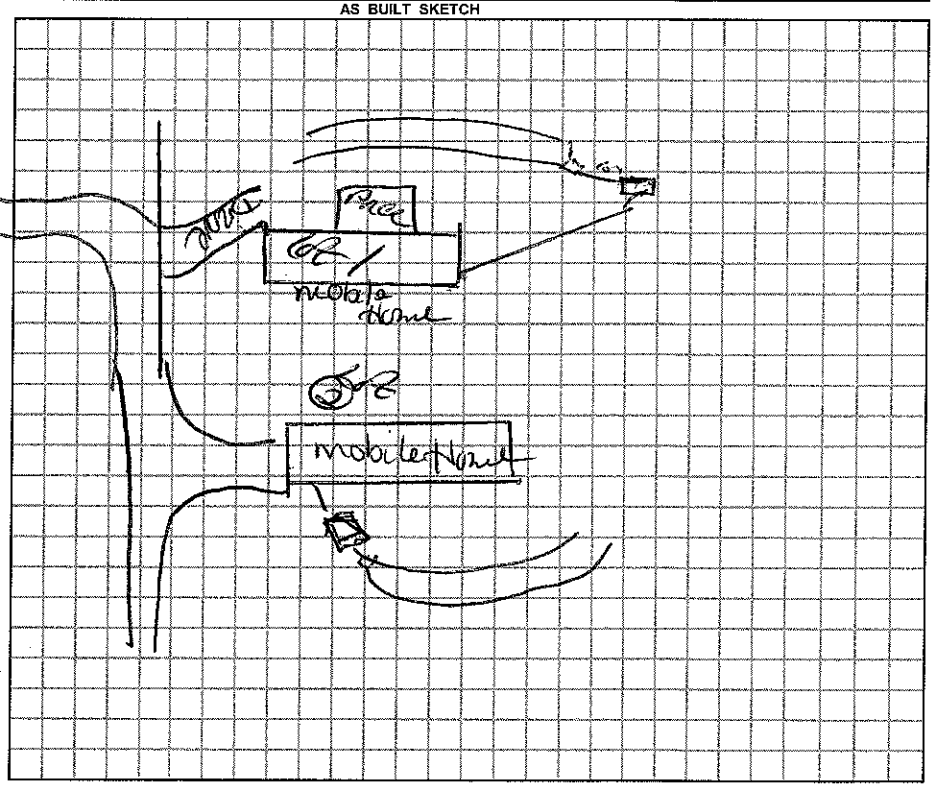
Comments / Conditions

Comments / Conditions

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date

Improvement Permit by: Date

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date: 8/14/09

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant