IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☒ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 17423 PIN # 4774244307 DATE 4-13-12

OWNER ~~Phar~~ ~~Smith~~ Nicholas Phar APPLICANT: Phil Smith PHONE: Home/Cell # 704-872-0223 Business # 704-450-9495

SITE ADDRESS 562 New Salem OWNER / APPLICANT ADDRESS

SITE DIRECTIONS Take Hwy 64, East to New Salem Rd. (R) on New Salem Rd, property on (R)

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 1.48 Ac. DESIGN FLOW 360 L.T.A.R. Ex

Septic Tank Ex Gallons: STB Ex Date Ex
Pump Tank ____ Gallons: PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: Ex No. Lines Ex Linear Feet Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth ~~n/a~~ Ex

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI
System Description: Conventional Gravity
Repair System Description: ____
Maintenance Agreement Required ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

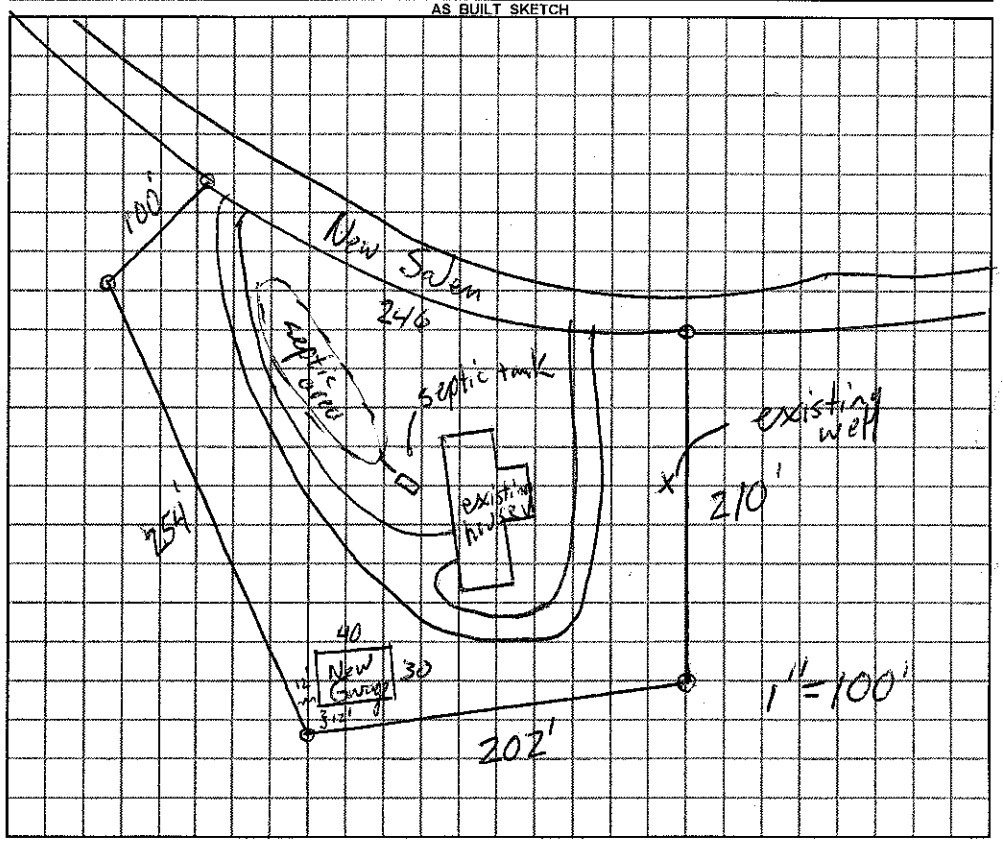
☒ Residence No. Bedrooms 3
☐ Business No. Persons ____
☐ Other No. Employees ____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

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*** with plat valid without expiration. ☒ ***IMPROVEMENT PERMIT*** with plat ~~valid without expiration~~ site plan valid 60 mo. ☒ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: _____ Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: _____ ***REHS*** Date 4-13-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant