IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215818

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

PIN # 4776267175

APPLICANT: Jack Marsh APPLICANT ADDRESS: 931 River Hill Rd Statesville NC

SITE ADDRESS: 931 River Hill Rd Statesville NC PHONE: 704-297-9270 ALT. PHONE: 704-500-5365

SITE DIRECTIONS: 64E T/L River Hill Rd Lot on left

SUBDIVISION: Clover Downs SECTION: N/A LOT # 2 LOT AREA: 0.47ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank Ex (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

☐ 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

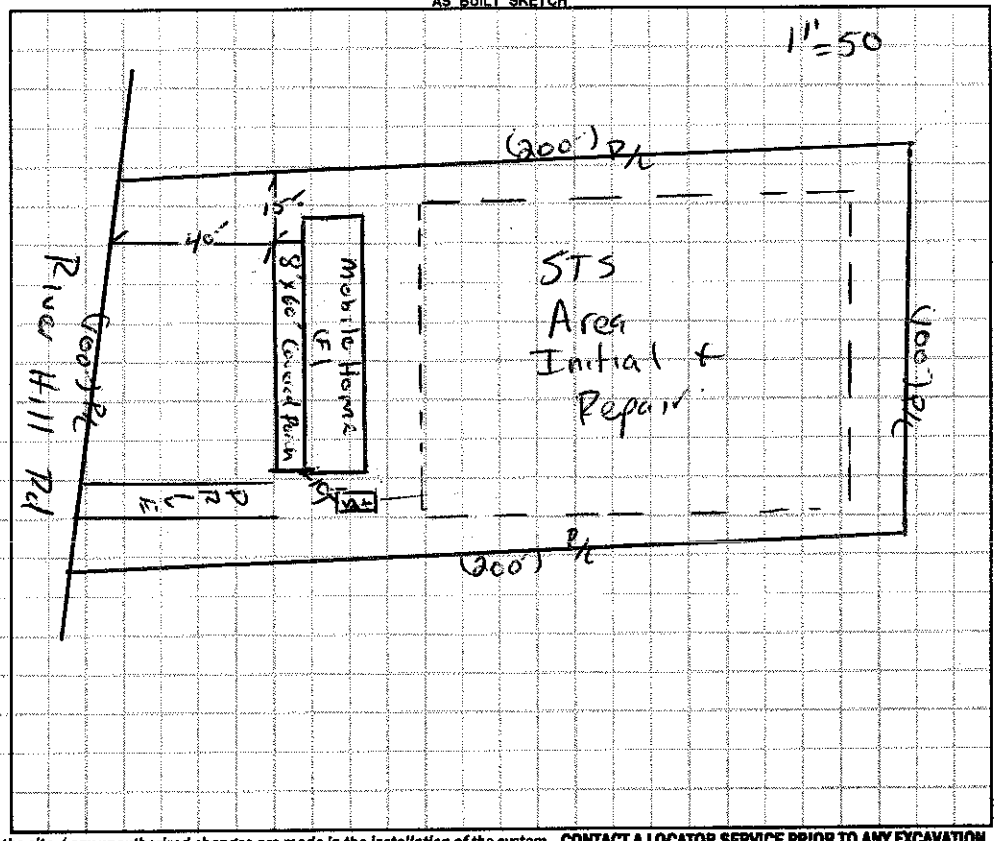
☒ Public

☐ Community

Comments / Conditions: All building foundations must be 25' from any part of STS

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: Jack Marsh Date: 3-2-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 02/12/16

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