IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177177

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

PIN # 4811251713

APPLICANT: Jimmy Marlow APPLICANT ADDRESS: 712 Brookhaven Rd.

SITE ADDRESS: 691 Brookhaven Rd. PHONE: 704-592-4864 ALT. PHONE: 704-252-1335

SITE DIRECTIONS: Hwy 115N TL Mt. View Rd. TR Brookhaven Rd. Property on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 58.62 acres DESIGN FLOW: 240gpd L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I ☒ III IV V VI	☑ Residence	No. Bedrooms	2
Pump Tank		(gal)	PT	Date	System Description:	Conventional			☐ Business	No. Persons	
Pump Make		Model		Serial #	Repair System Description:				☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	Ex	Linear Ft: Ex	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth Ex		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

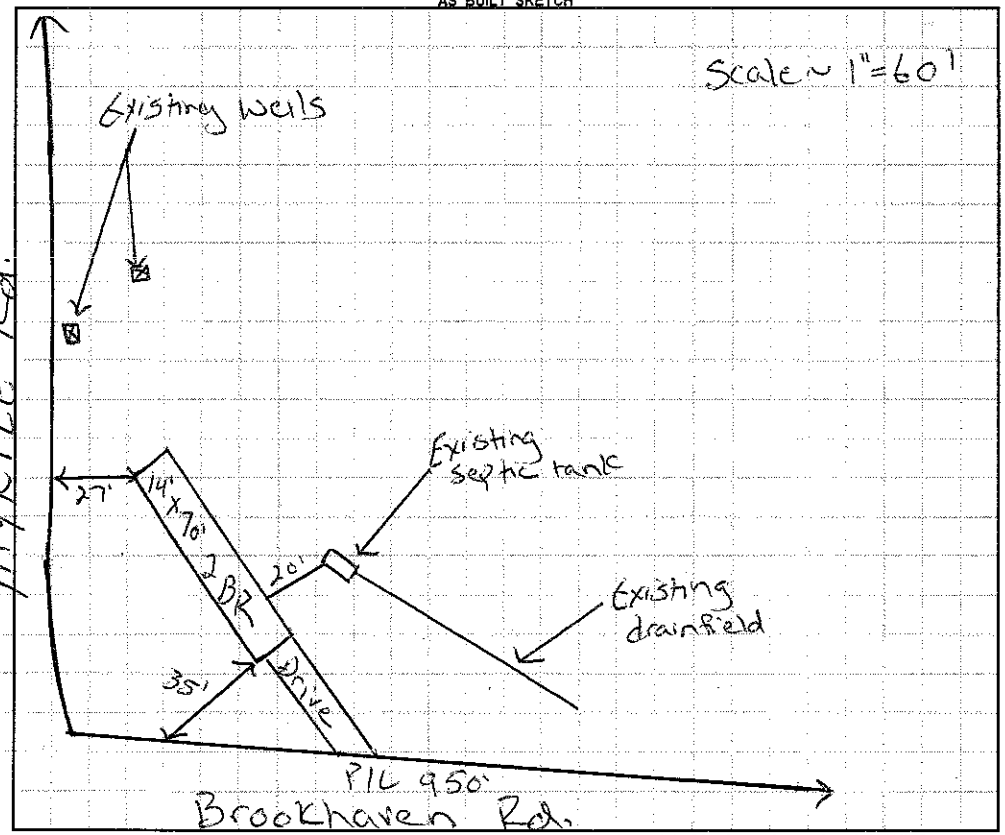
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

- Maintain a minimum of 25' between wells and building foundation of mobile home.
- Maintain a minimum of 5' between mobile home 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: _____ Date: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Justin Henderson Date: 2-22-13

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