IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181452 BF

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

PIN # 4814642112

APPLICANT: Derek Osborne APPLICANT ADDRESS: Po Box 1783 Statesville

SITE ADDRESS: 183 Paddick Rd. PHONE: 704-902-3084 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TL Paddick Rd. 3rd drive on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.19 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

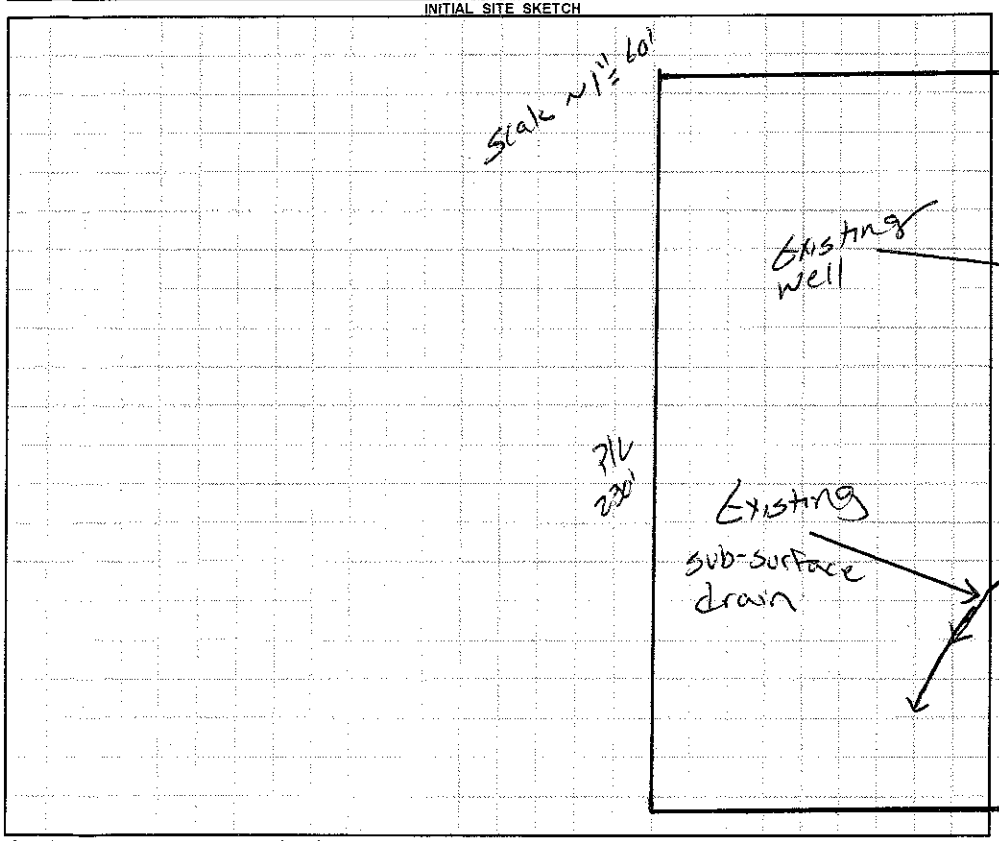
Septic Tank	Existing (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I ☑ II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description: Conv.		☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description:		☐ Other	No. Employees
# Nitrification Fields	Ex	# 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

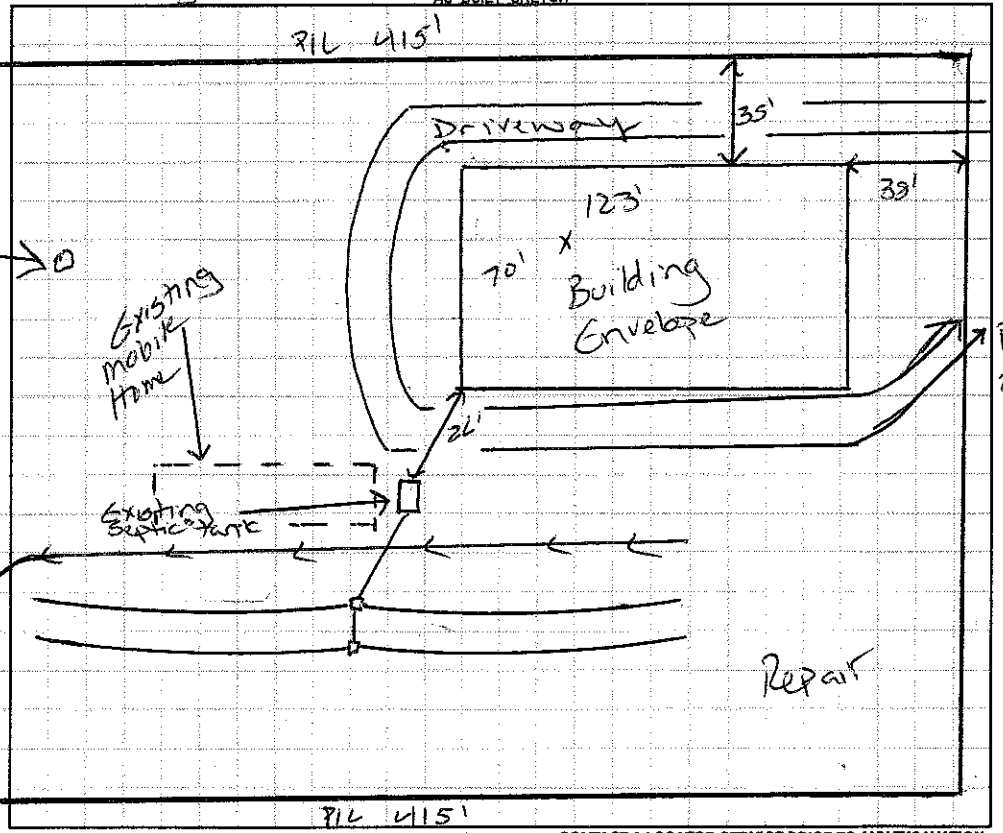
Comments / Conditions:

- Maintain a minimum of 5' between home foundation & all components of septic tank system. Remove existing mobile home prior to connecting new home to existing septic.

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: Derek Osborne Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 10-18-23

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