IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214922

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

PIN # 4860260459

APPLICANT: Fawn Combs APPLICANT ADDRESS: 124 Feinster St.

SITE ADDRESS: 320 Tatum Rd. PHONE: 704-880-2555 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Jennings Rd TR Olin Loop TL Tatum Rd.

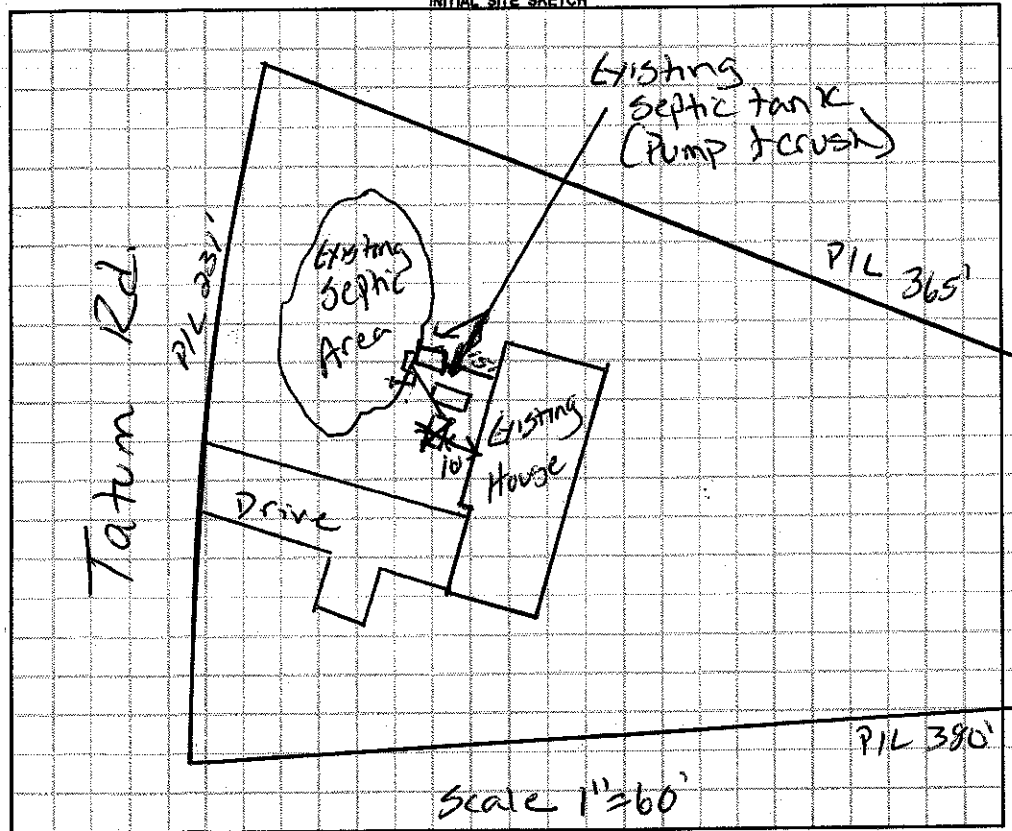
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.33 acres DESIGN FLOW: 240 gpd L.T.A.R.: Existing

Septic Tank	1000 (gal)	STB	16-1000	Date	9-1-15	☐ New System ☑ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT		Date		System Description:	TANK	☐ Business	No. Persons 4
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

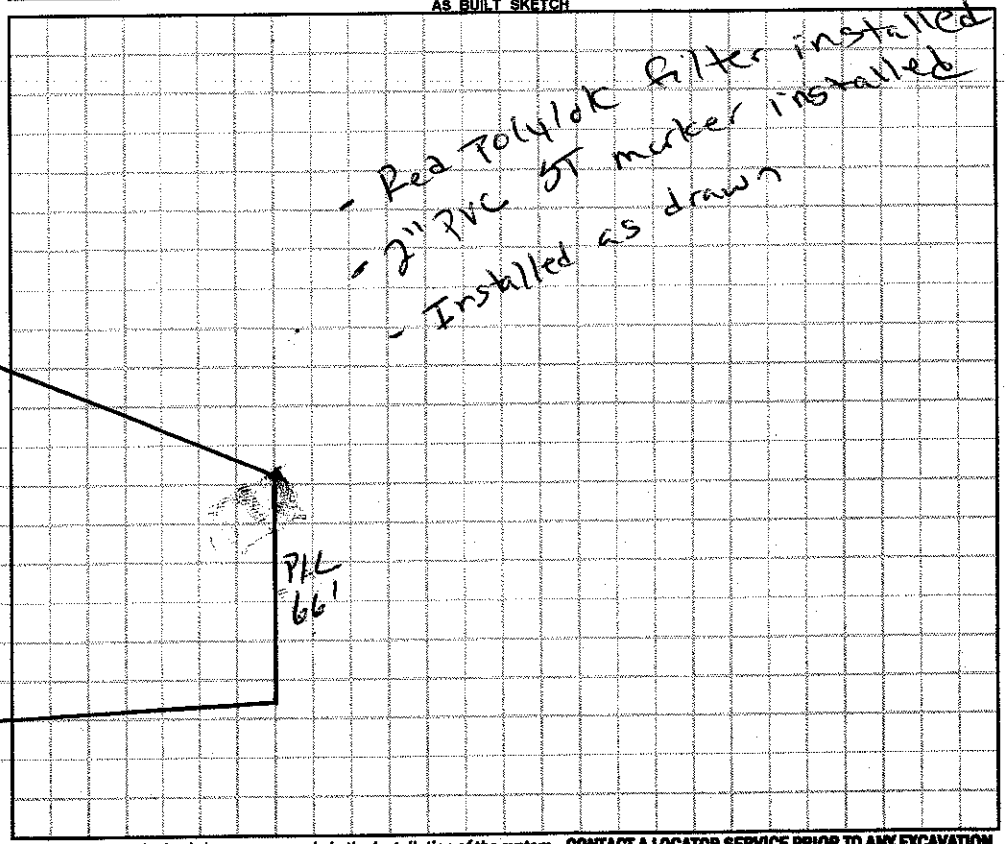
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump & crush existing septic tank. Set new tank @ location shown below & connect to existing drainfield.

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: Fawn Combs Date:

IMPROVEMENT PERMIT by: Justin Henderson Date: 11-20-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 11-20-15

Installed by: K & M Grading

OPERATION PERMIT by: Justin Henderson Date: 12-18-15

Existing System Inspected by: Date:

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