# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 20370

APPLICANT: Tony Jones PIN # 4862393545

SITE ADDRESS: 131 Cheshire Ridge Rd APPLICANT ADDRESS: 131 Cheshire Ridge Rd

SITE DIRECTIONS: I-77 N to exit #65 TR Hwy 901 TL Winthrop TL Crater Rd TR Cartwright TL Cheshire Ridge PHONE: 704-539-4330 ALT. PHONE: N/A

SUBDIVISION: Cheshire Ridge SECTION: 2 LOT # 25 LOT AREA: 1.44 acres DESIGN FLOW: 480gpd L.T.A.R.: Existing

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | Existing (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: Conventional

Repair System Description:

Maintenance Agreement Required: ☐ YES ☐ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ____ ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

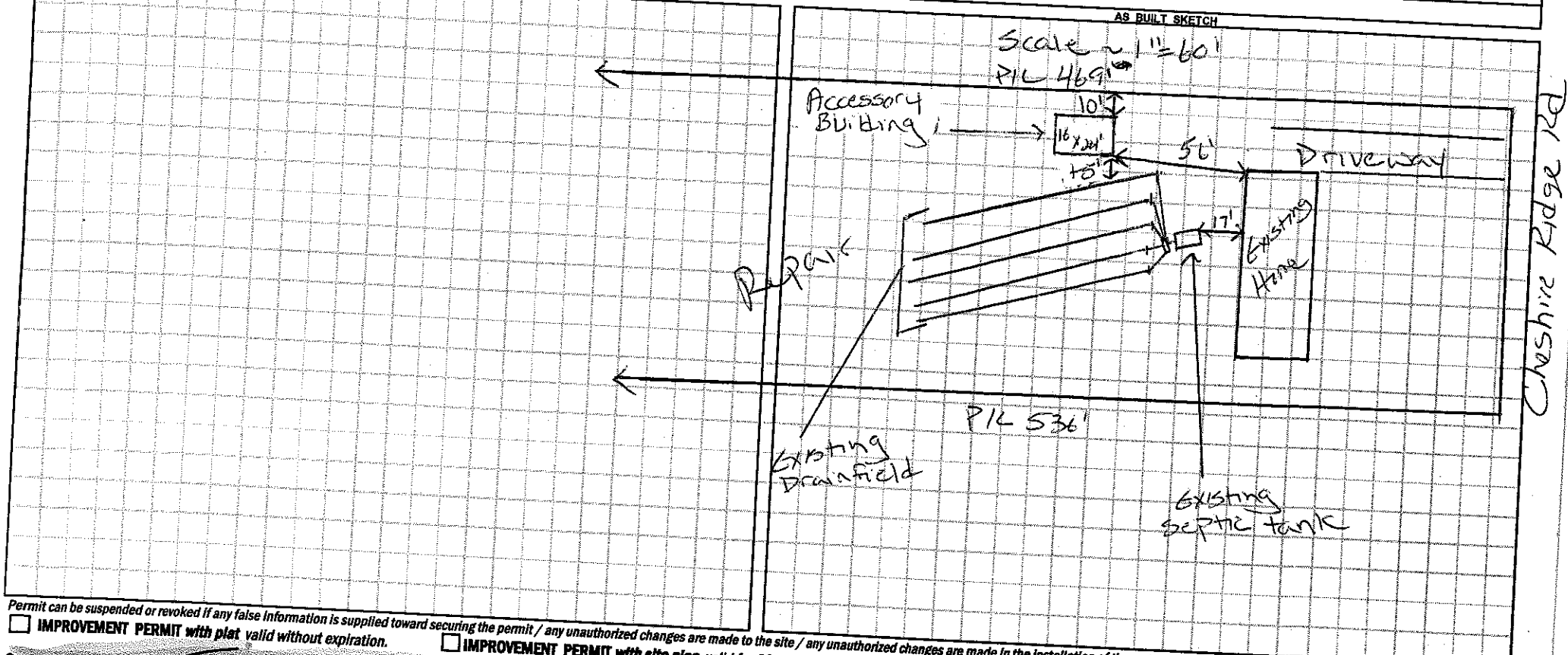
☐ Basement w/o plumbing

Comments / Conditions:

- maintain a minimum of 5' between accessory building and 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: [signature] Date: 6-11-14

IMPROVEMENT PERMIT by: ____ Date: ____ Installed by: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

Existing System Inspected by: [signature] Date: 6-5-14

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