**IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH*** ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 174948 PIN # 4863-77-8386 DATE OCTOBER 2, 2012

OWNER MARY B. KENNEDY APPLICANT: SAME PHONE: Home/Cell # 704-539-4277 Business # 704-657-7484

SITE ADDRESS 914 TROY MILL ROAD OWNER / APPLICANT ADDRESS

SITE DIRECTIONS US21 N TL TABOR RD, CONTINUE EAGLE MILLS ROAD, ON RIGHT AT 914 TROY MILL ROAD

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 2.921 ACRES DESIGN FLOW 240 L.T.A.R. EXISTING

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P.T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 2 Linear Feet 250

Trench Width 36" Max. Trench Bottom Depth EX

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: CONVENTIONAL ; GRAVITY

Repair System Description:

Maintenance Agreement Required ☐ YES ☑ NO

Gravel Depth 10" ☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

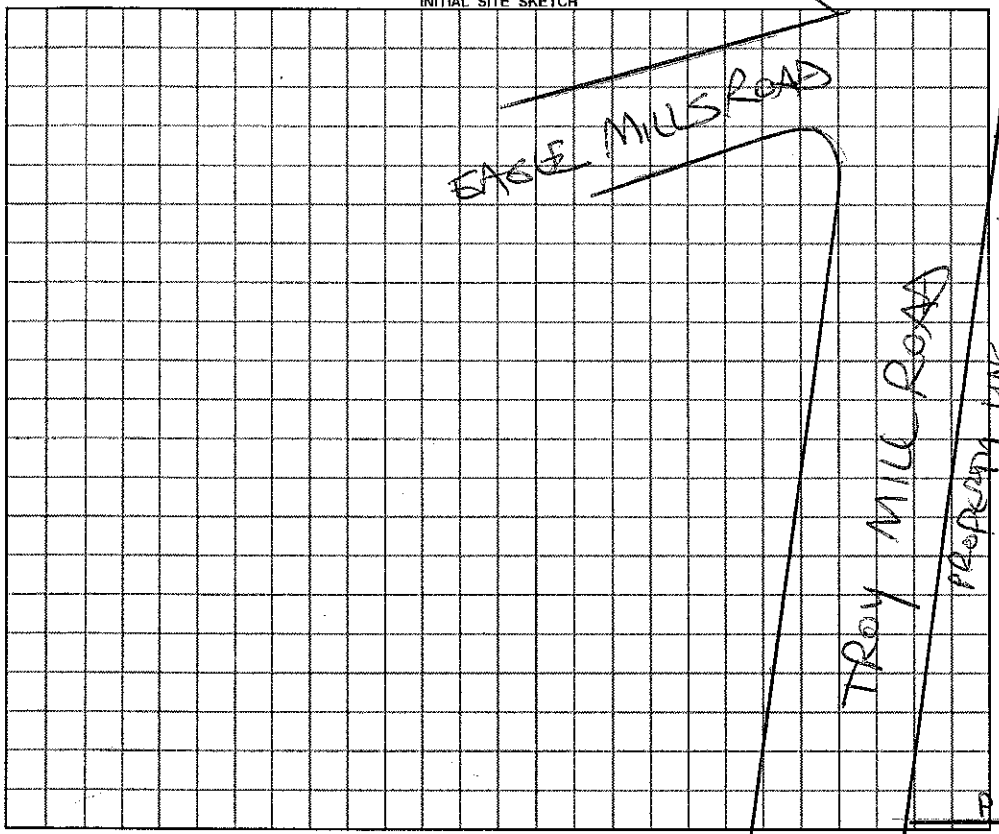
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private WELL ☐ Public ☐ Community

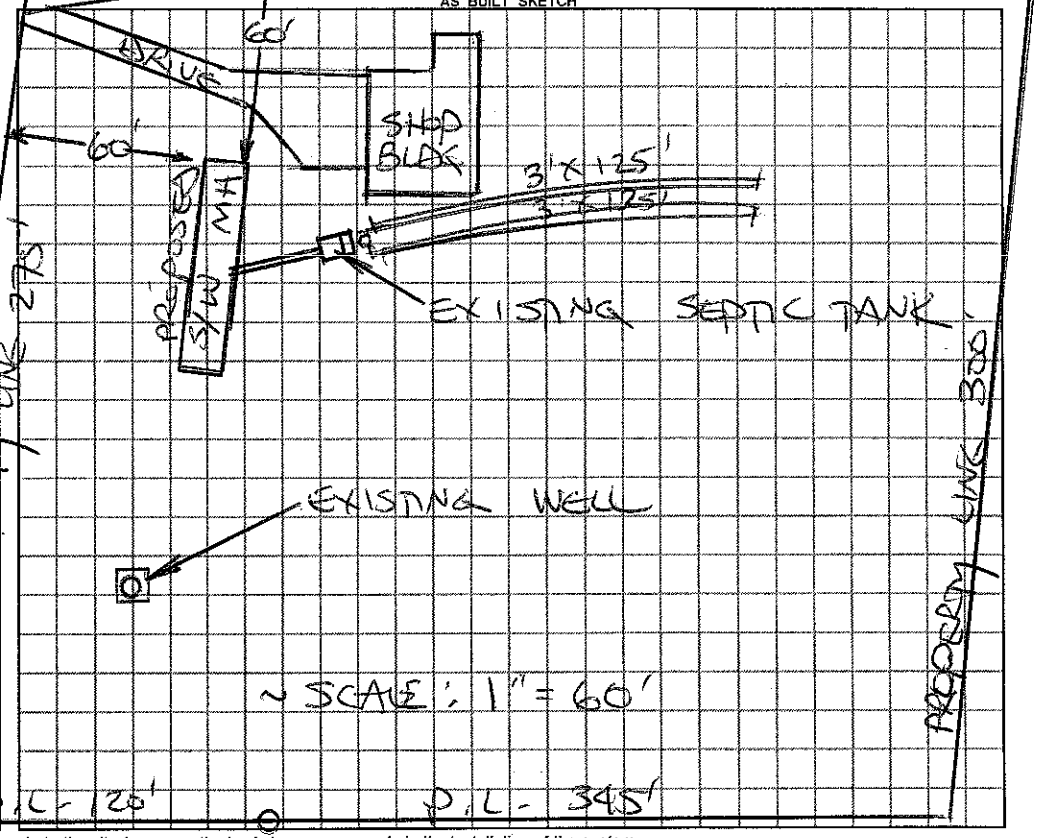
Comments / Conditions

SYSTEM SIZED FOR TWO BEDROOMS ONLY

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.*

☐ ***IMPROVEMENT PERMIT*** *with plat valid without expiration.* ☐ ***IMPROVEMENT PERMIT*** *with plat valid without expiration. site plan valid 60 mo.* ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: ____ Date ____ Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: STEVE HEDRICK ***REHS*** Date 10-2-2012

***YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION***

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant