IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202558

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

PIN # 4885519963

APPLICANT: Scott Smith APPLICANT ADDRESS: 828 Piedmont Dr.

SITE ADDRESS: 162 Skyview Lake Rd PHONE: 336-782-1647 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21N TR 901 TL Skyview Lake Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.68 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ 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 No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☑ Public ☐ Community

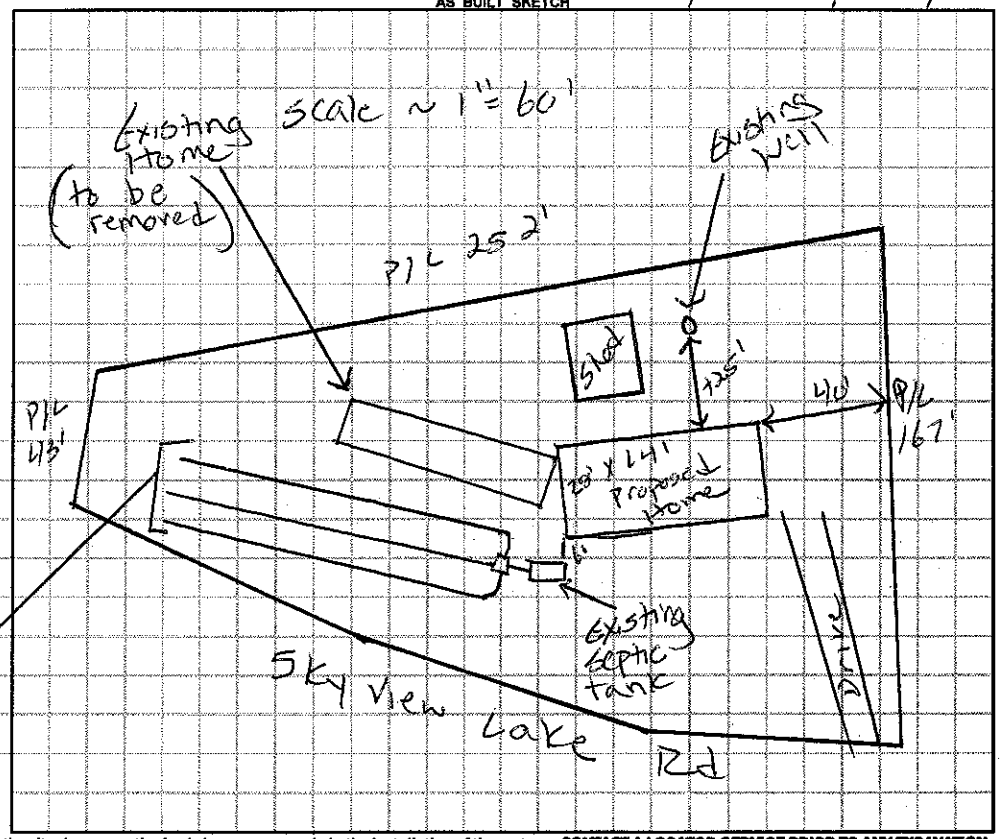
Comments / Conditions:

- Maintain a minimum of 5' between home foundation & all components of septic system. Maintain a minimum of 25' btw well & home foundation. Relocate water line a minimum of 10' away from septic system.

INITIAL SITE SKETCH

Existing Drain Field

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: Scott Smith Date: 5-1-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Justin Henderson Date: 4-28-14

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