IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 222079

PIN # 4893-47-4815

APPLICANT: ANITA HORNE

APPLICANT ADDRESS: 287 AMBERHILL RD. - YADKINVILLE

SITE ADDRESS: SAME

PHONE: 704-883-2261 ALT. PHONE:

SITE DIRECTIONS: 21N, TR HOUSTONVILLE, TL SANDY SPRINGS, TR AMBERHILL, ON L

SUBDIVISION: SECTION: LOT # LOT AREA: 18.2AC DESIGN FLOW: 240 L.T.A.R.: .3

Septic Tank EX. 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model

Nitrification Fields EX Lines STNC Linear Ft:

Trench Width Max. Trench Bottom Depth Gravel Depth 12"

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

System Description: CONVENTIONAL

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

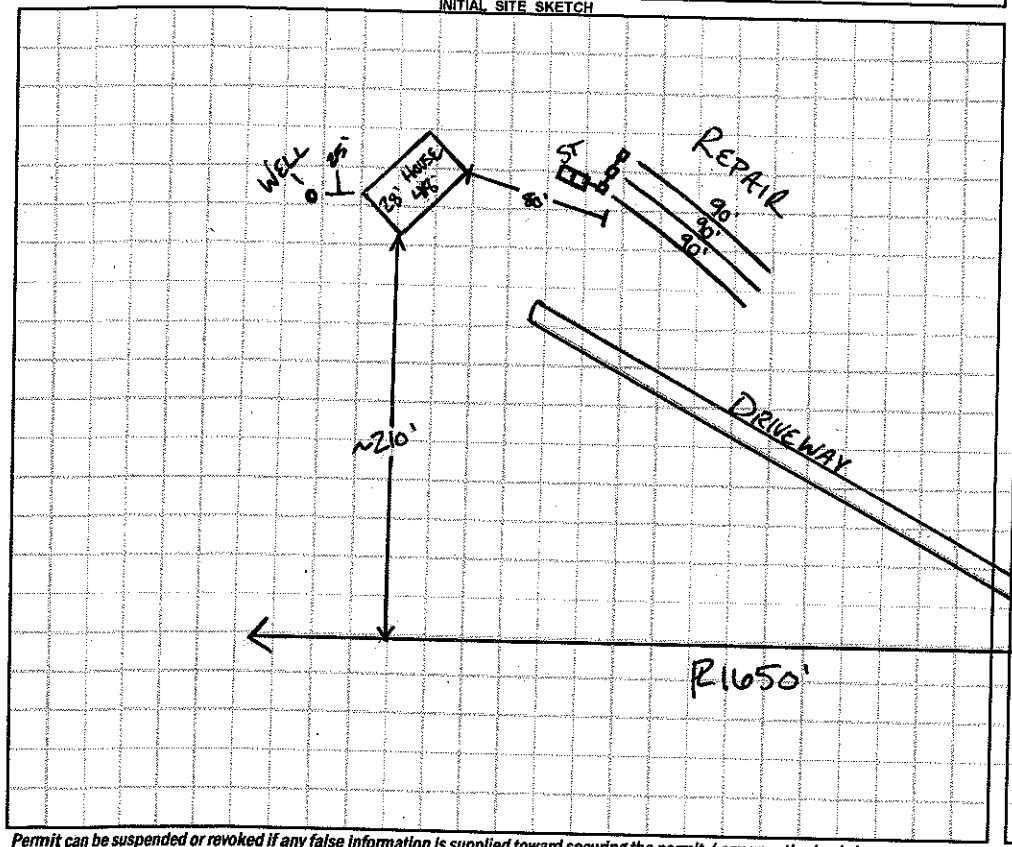
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private EX. ☐ Public ☐ Community

Comments / Conditions:

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: Anita Horne Date: 10/27/16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 10-25-16

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