# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20731

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

PIN # 3784905228

APPLICANT: Ron + Linda Peak APPLICANT ADDRESS: 151 Falling Creek Drive Statesville NC

SITE ADDRESS: 151 Falling Creek Dr Statesville NC 28625 PHONE: 304-952-0888 ALT. PHONE: N/A

SITE DIRECTIONS: 40 w exit 141 T/R then T/R falling Creek 6th house on left

SUBDIVISION: Sharon Trace SECTION: P2 LOT # 34 LOT AREA: @5ac DESIGN FLOW: Ex L.T.A.R.: Ex

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | Ex (gal) | STB | Date | ☐ New System ☐ Repair ☐ Expansion System Type: I II [III] IV V VI | ☒ Residence | No. Bedrooms | Ex | Water Supply |
| Pump Tank | (gal) | PT | Date | System Description: Existing | ☐ Business | No. Persons | Ex | ☐ Private |
| Pump Make | | Model | Serial # | Repair System Description: | ☐ Other | No. Employees | | ☒ Public |
| # Nitrification Fields | Ex # Lines | Ex | Linear Ft: Ex | Maintenance Agreement Required: ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | Ex Max. Trench Bottom Depth | Ex | Gravel Depth N/A | ☑ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: All building foundations must be 35' from any part of STS. Roof foundation can not set on any part of existing deck.

INITIAL SITE SKETCH

Falling Creek Dr

AS BUILT SKETCH

1" = 40

(200') P/L

24' garage

20' 30' 55'

STS

Area

House

Deck 18' x 22' 12' 57'

140' P/L

(61') P/L (140')

*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: Ron Peak Date: 12-9-14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 12/9/14

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