**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 # 17473L PIN # 3797845985 DATE 9-19-17

OWNER Keith Pettzel APPLICANT: Emily Thomas PHONE: Home/Cell # 704-883-6148 Business # N/A

SITE ADDRESS 169 midway Rd OWNER / APPLICANT ADDRESS 169 midway Rd. Statesville

SITE DIRECTIONS 901 TO Midway Rd 1/2 mile on Left

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 1.83 acres DESIGN FLOW 450 L.T.A.R. 0.45

Septic Tank 1000 Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 525

Trench Width 24" Max. Trench Bottom Depth 30" Gravel Depth 12"

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

System Description: Gravity Conventional

Repair System Description: Gravity Conventional

Maintenance Agreement Required ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions

Minimum of 5 bd foundation all components of septic system

INITIAL SITE SKETCH

Scale 1" = 40'

AS BUILT SKETCH

Pin 33.0'

41'

37'

25' 4 bdrm 3 bdr

10'

Pin 5.0'

*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: [illegible] ***REHS*** Date 9-19-17

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

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