IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216658

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

PIN # 4701879888

APPLICANT: Terry & Sue Sherrill APPLICANT ADDRESS: 152 Lake Top Ln Statesville NC 28677

SITE ADDRESS: 152 Lake Top Ln Statesville NC 28677 PHONE: 704-528-5304 ALT. PHONE: 704-881-2168

SITE DIRECTIONS: Buffalo Shoals toward Catawba T/R Eufola Rd T/L Carriage Rd Lot on Right on Carriage Rd

SUBDIVISION: Top of The Lake SECTION: N/A LOT # 13 LOT AREA: 0.983ac DESIGN FLOW: 360 L.T.A.R.: Ex

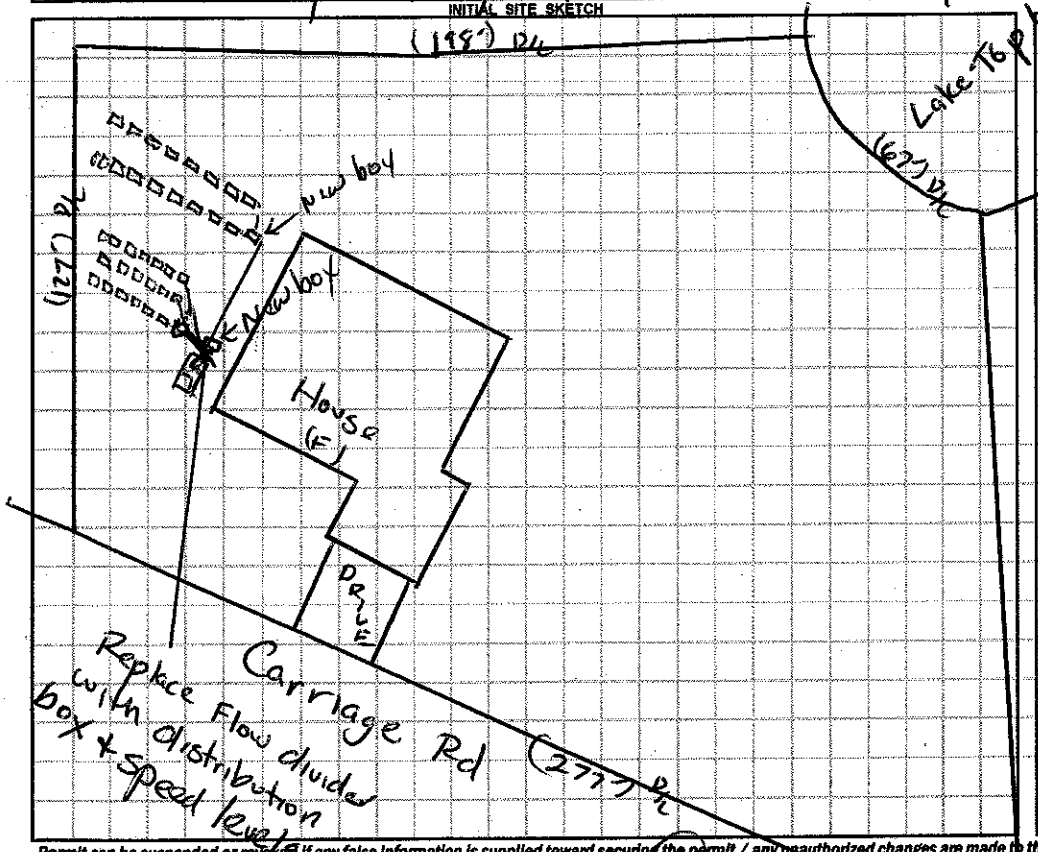
Septic Tank: Ex (gal)	STB	Date	☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms: 3
Pump Tank: (gal)	PT	Date	System Description: Replacing Flow divider	☐ Business	No. Persons: 6
Pump Make:	Model: Pollo	Serial #: DL68	Repair System Description:	☐ Other	No. Employees:
# Nitrification Fields: Ex	# Lines: Ex	Linear Ft: Ex	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☐ Crawl Space
Trench Width: Ex	Max. Trench Bottom Depth: Ex	Gravel Depth: N/A	☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Replace flow divider with distribution box use speed levels to equal feed. Check distribution boxes for adjustment. Maintain 5' off any building foundation. Check tank, Check tee replace if needed.

* the purpose of this permit is to change distribution *

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50

Installed as drawn

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: Date: 2/25/16

IMPROVEMENT PERMIT by: Date: 02/24/16

AUTHORIZATION TO CONSTRUCT by: Date: 02/24/16

Installed by: Lentz Wastewater

OPERATION PERMIT by: Date: 03/03/16

Existing System Inspected by: Date:

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