IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21361Z

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

PIN # 4701984265

APPLICANT: Corey + Roxann Lovette APPLICANT ADDRESS: 405 Carriage Rd Statesville NC

SITE ADDRESS: 389 Carriage Rd Statesville NC PHONE: 704-402-6965 ALT. PHONE: 704-402-5596

SITE DIRECTIONS: Buffalo Shoals Rd Ferbela Rd T/L Carriage Rd Lot on left

SUBDIVISION: Jerry R Rogers + Fredda J Rogers SECTION: n/a LOT # 2 LOT AREA: 1.43ac DESIGN FLOW: 360 L.T.A.R.: Ex

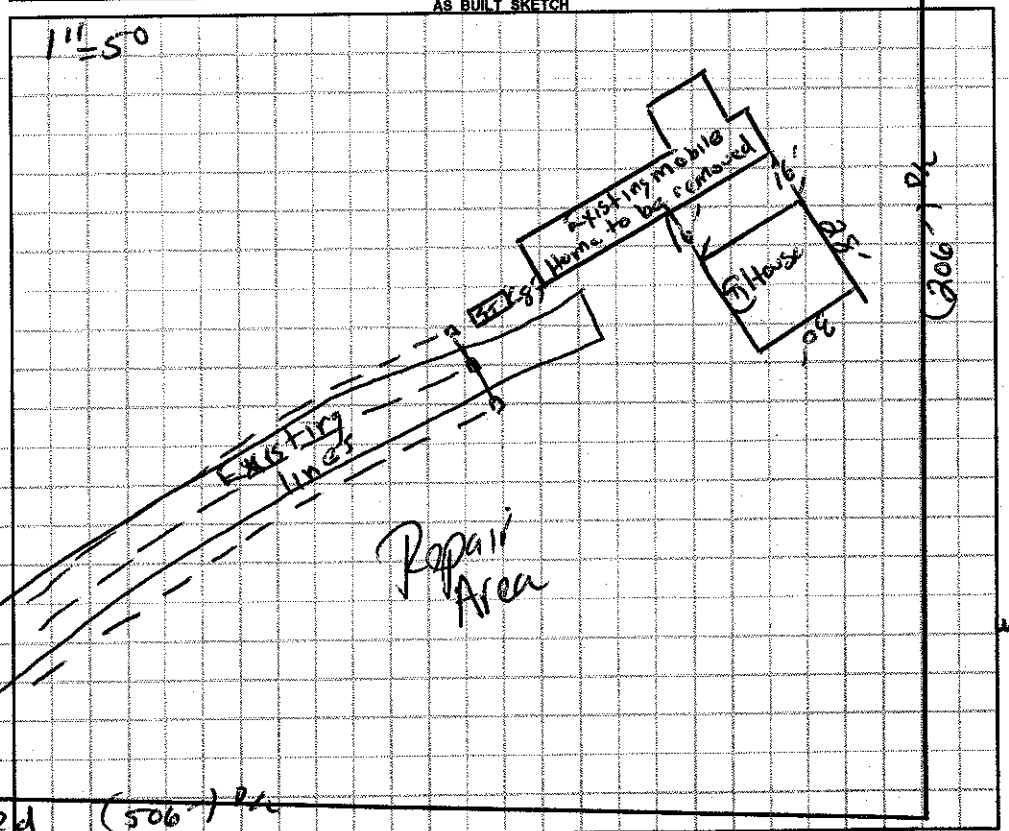
Septic Tank	Ex (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description: Existing				☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: All building foundations must be 75' from any part of STS. Existing tank 2' higher than proposed house, must build up house to achieve fall. Existing home must be removed before CO is issued.

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: Roxann Lovette Date: 5/6/2015 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 10/6/15

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