IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211209

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

PIN # 4702251937

APPLICANT: CHAD BYERS APPLICANT ADDRESS: 169 Beulah Road STATESVILLE NC 28677

SITE ADDRESS: 484 EUFOLA ROAD STATESVILLE NC 28677 PHONE: 7049027272 ALT. PHONE: 704 902 4339

SITE DIRECTIONS: HWY 70 WEST @ EUFOLA @ ATBOX # 484

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.01 DESIGN FLOW: 360 L.T.A.R.: 0.25

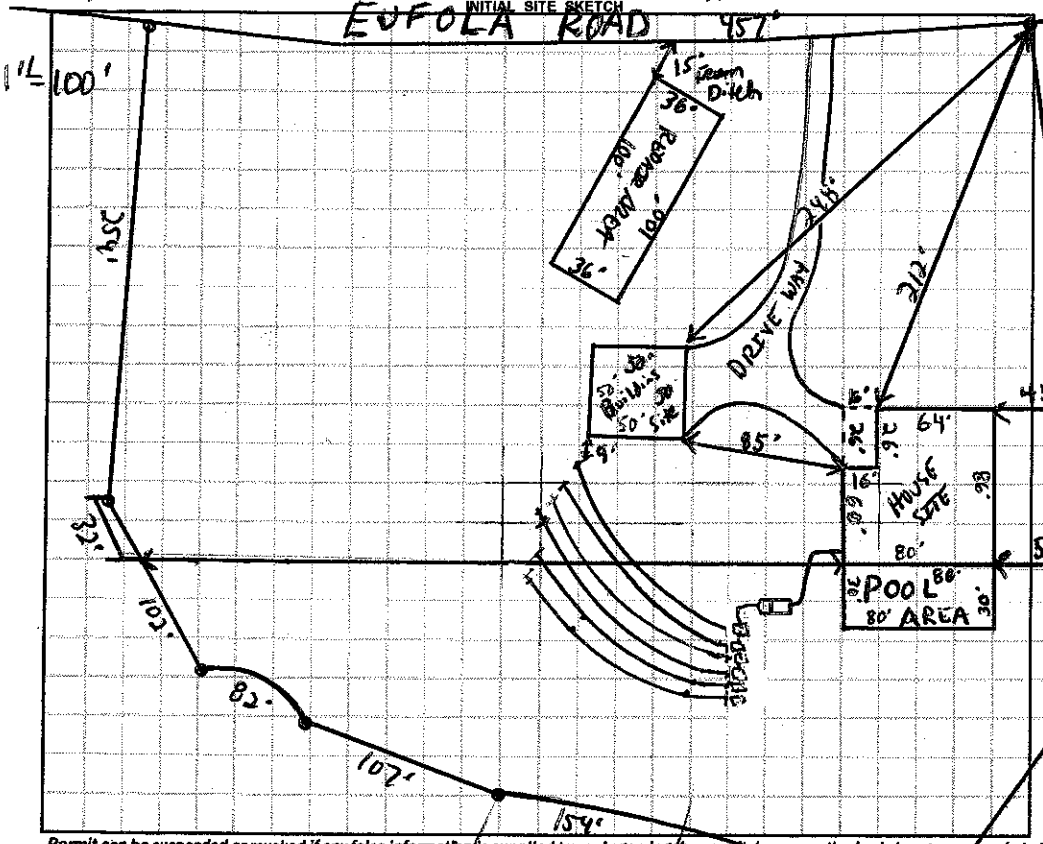
Septic Tank	1000	(gal)	STB	1612 - 1000G	Date	3-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	* 8" LDP WITH COVER *			
Pump Make		Model			Serial #		Repair System Description:	TS II Drip Repair			
# Nitrification Fields	1	# Lines	6 x 120'		Linear Ft:	720'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	12"	Max. Trench Bottom Depth	16"		Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		

☐ Residence ☐ Business ☐ Other ☐ Slab — No. Bedrooms: 3 — No. Persons: 4 — No. Employees: — ☐ Crawl Space — ☒ Basement w/plumbing — ☐ Basement w/o plumbing

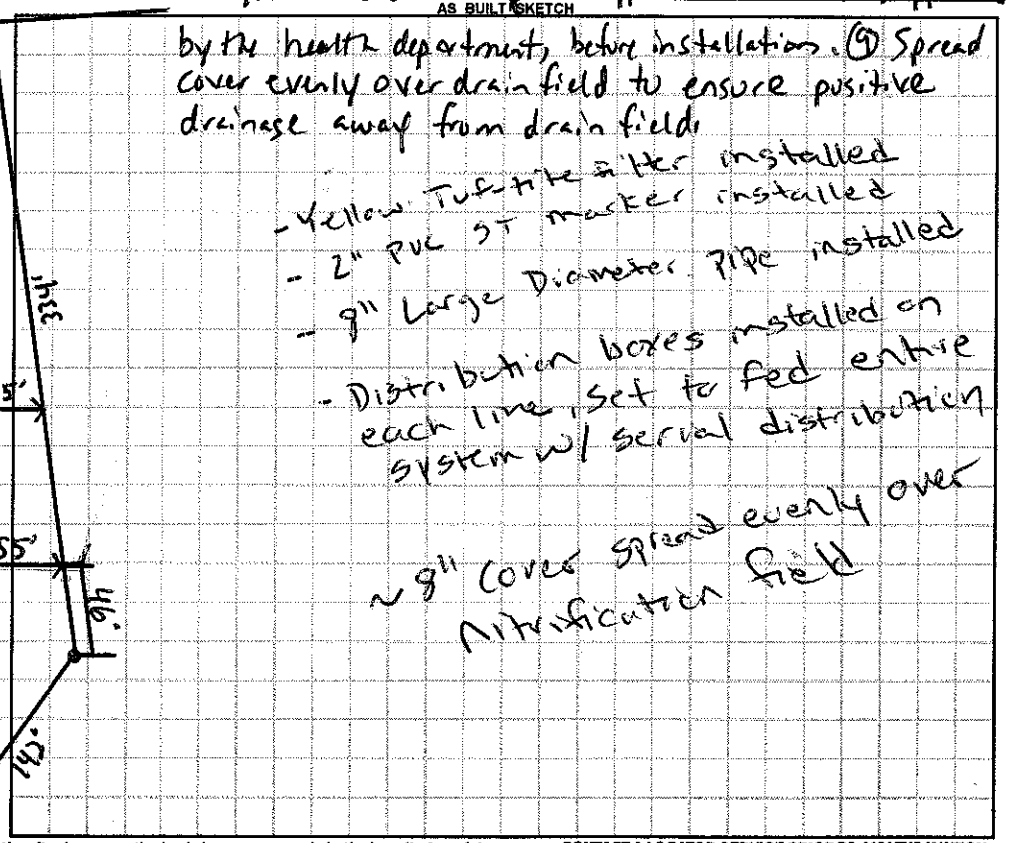
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: ① Keep supply line 10' from pool ② Keep septic system 15' from pool ③ Keep proper required fill from stub out to tank. ④ Install lines on contour ⑤ Install 1 flow divider tee & 2 distribution boxes with spreed levelers. ⑥ Maintain all setbacks ⑦ Lines flossed 6' on centers at closest points in contours. ⑧ Fence of system area due to vulnerability of system area for irreparable damage ⑨ NOTE # maxim trench bottom depth is 16" on high side and 14" on low side. ⑩ System is a shallow system and 3" of prior approved soil cover, approved by the health department, before installation. ⑪ Spread cover evenly over drain field to ensure positive drainage away from drain field.

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: _____ Date: _____ Installed by: Tommy Frye

IMPROVEMENT PERMIT by: _____ Date: 7-15-15 OPERATION PERMIT by: _____ Date: 4-1-16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 7-15-15 Existing System Inspected by: _____ Date: _____

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