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IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215221

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

PIN # 4703-02-5118.000

APPLICANT: James Pearson APPLICANT ADDRESS: 311 Lytton St. Troutman NC

SITE ADDRESS: 128 Windforest Dr. Statesville NC PHONE: 704-253-3575 ALT. PHONE:

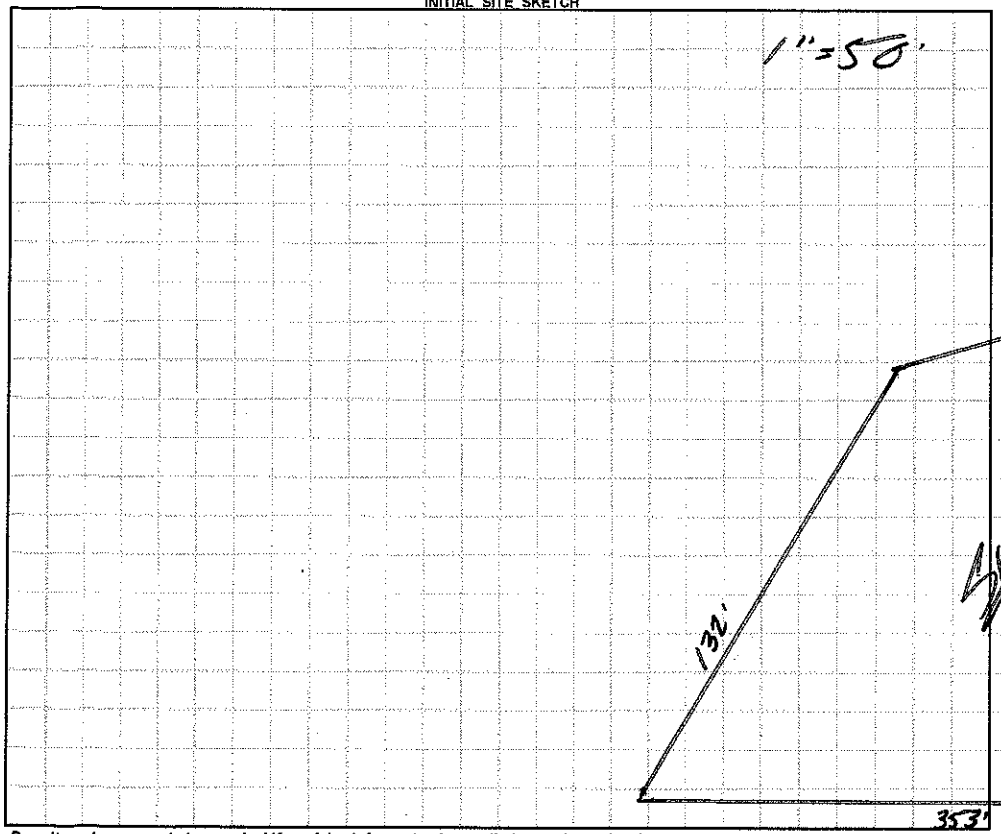
SITE DIRECTIONS: Hwy 70 West, TL Windforest Dr., Site on R

SUBDIVISION: Windforest SECTION: — LOT # 2 LOT AREA: .98 Acre DESIGN FLOW: Ex. 360 GPD L.T.A.R.: Existing

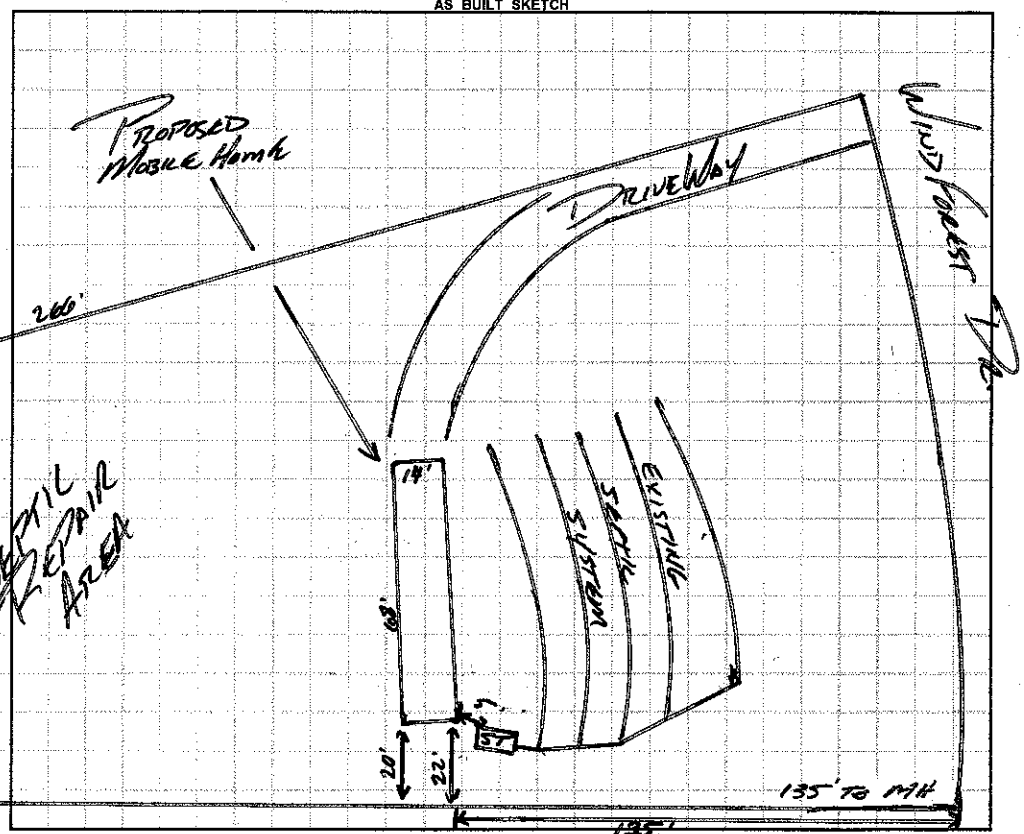
Septic Tank	Existing	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms	Ex. 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Existing Conventional Gravity			☐ Business	No. Persons	Ex. 6	☐ Private
Pump Make		Model		Serial #	Repair System Description:	Conventional - Pump			☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex.	# Lines	Ex. 5	Linear Ft:	Ex.	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	Ex.	Max. Trench Bottom Depth	Ex.	Gravel Depth	Ex.		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: System Approved To Be Functioning @ Time Of Inspection. Maintain 5' From Septic System W/ New Mobile Home.

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: James Pearson Date: 1-13-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

APPROVED JAN 08 2016

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

1 inch = 50 feet