IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211731

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

PIN # 4703477183 1098

APPLICANT: Trautman Family APPLICANT ADDRESS: 232 Davie Ave Statesville NC

SITE ADDRESS: 147 Cub Farm Dr Statesville NC PHONE: 704-873-5237 ALT. PHONE: N/A

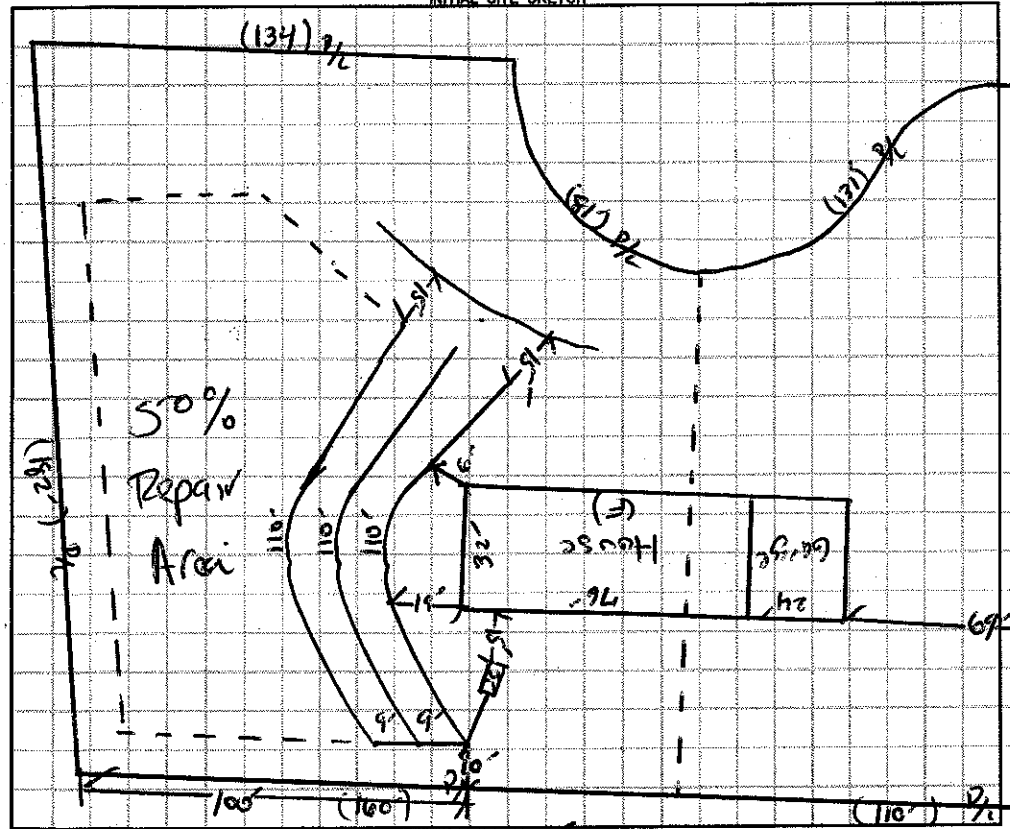
SITE DIRECTIONS: 70 W T/R N Shady Rest Rd T/R on Cub Farm Dr Lot at end on left

SUBDIVISION: Morrow Meadows SECTION: N/A LOT # 15+16 LOT AREA: .971 ac DESIGN FLOW: 360 L.T.A.R.: 0.275

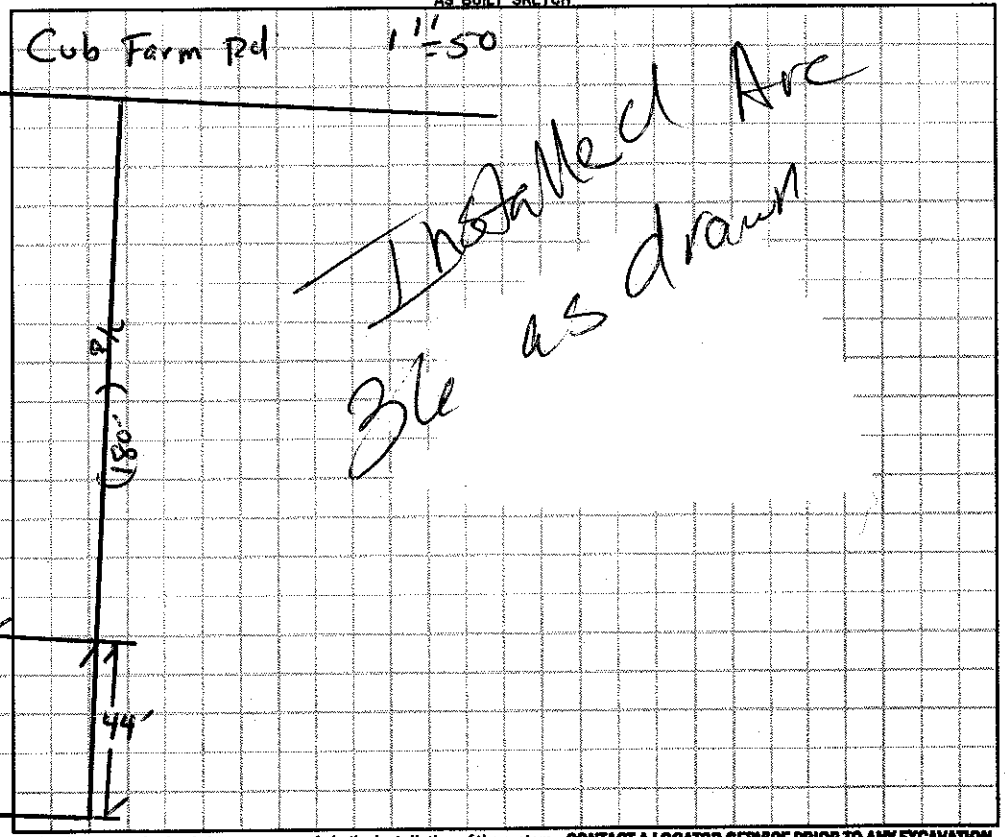
Septic Tank	1000 (gal)	STB	360	Date	4-10-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons	6	☐ Private
Pump Make	N/A	Model	Polylok	Serial #	PL-1050	Repair System Description:	50% Reduction			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	330	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with seral distribution.

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 plan valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 days.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-13-15 Installed by: Adams Grading & Clearing

IMPROVEMENT PERMIT by: [signature] Date: 08/13/15 OPERATION PERMIT by: [signature] Date: 06/15/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/02/16 Existing System Inspected by: _____ Date: _____

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