IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211722

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

PIN # 4703562697

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

SITE ADDRESS: 107 Adkins Ln Statesville NC PHONE: 704-873-5233 ALT. PHONE: N/A

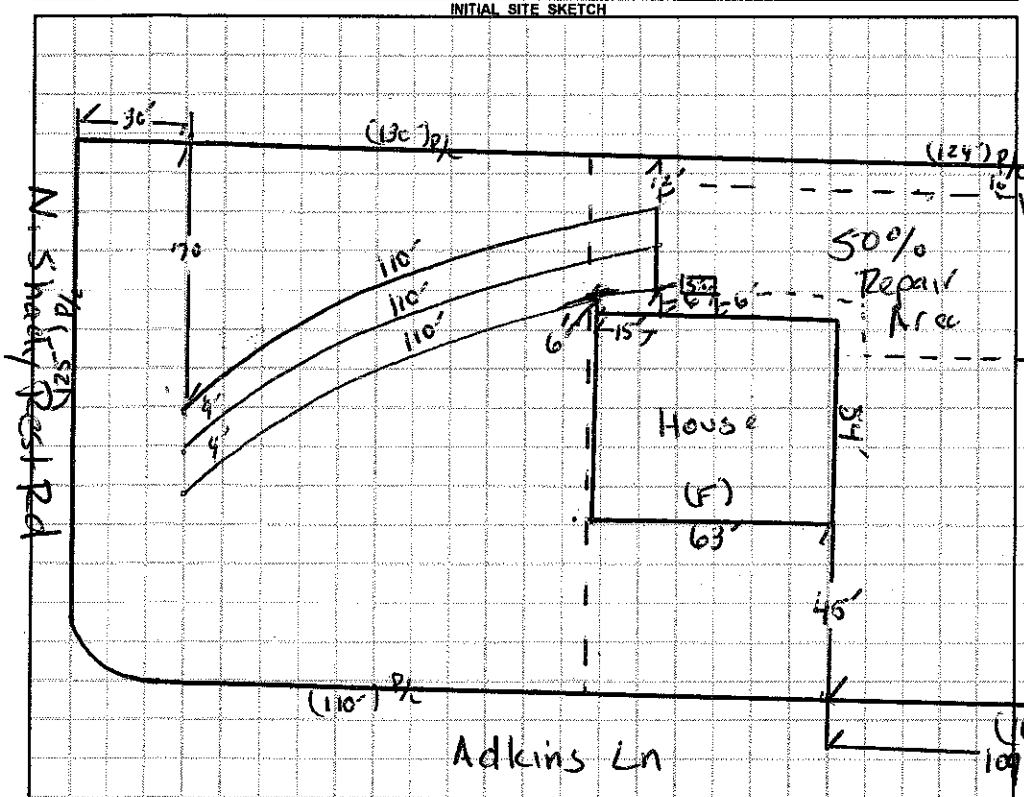
SITE DIRECTIONS: Hwy 70 W T/R N. Shady Rest Rd T/R Adkins Ln Lot first on left

SUBDIVISION: Morrow Meadows SECTION: N/A LOT # 24+25 LOT AREA: .902 ac DESIGN FLOW: 360 L.T.A.R.: 0.275

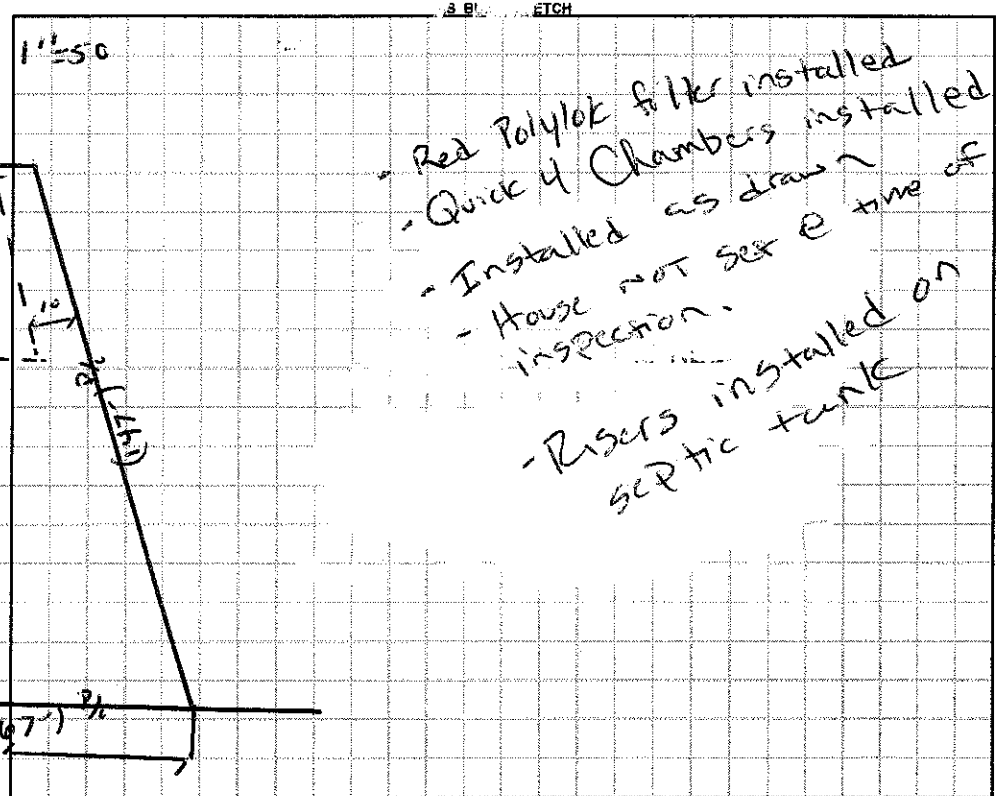
Septic Tank	1000 (gal)	STB 760	Date 9-13	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction			[ ] Business	No. Persons	6	[ ] Private
Pump Make		Model	Serial #	Repair System Description:	50% Reduction			[ ] Other	No. Employees		[X] Public
# Nitrification Fields	1	# Lines 3	Linear Ft: 330'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour with serial distribution. Maintain 36" TD on high side.

INITIAL SITE SKETCH



1" = 50'



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.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date 8-20-15 Installed by: Bryant Contracting

IMPROVEMENT PERMIT by: Date: 08/13/15 OPERATION PERMIT by: Justin Henderson Date: 1-25-16

AUTHORIZATION TO CONSTRUCT by: Date: 01/06/15 Existing System Inspected by: Date:

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