IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

BA

PERMIT # 223743

APPLICANT: Alan Lewis

PIN # 4704-39-6234

SITE ADDRESS: 2328 Old Mountain Rd. Statesville, NC 28625

APPLICANT ADDRESS: 118 New Hope Rd. Statesville, NC

SITE DIRECTIONS: Old Mountain Rd N from Troutman (for a long time!) After crossing I-40, house on Right approx 1.2 miles past food lion.

PHONE: 704-878-2305 ALT. PHONE: 704-871-7896

SUBDIVISION: W N Alexander Farm SECTION: LOT # 2 LOT AREA: 1.299

DESIGN FLOW: L.T.A.R.:

Septic Tank 1000 (gal)	STB 1012	Date 8-28-16	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI	
Pump Tank — (gal)	PT —	Date —	System Description: Replace septic tank as requested		
Pump Make —	Model —	Serial # —	Repair System Description: along w/ threw 25% reludim lines		
# Nitrification Fields 1	# Lines 5	Linear Ft: 360'	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width 36"	Max. Trench Bottom Depth 32"→34" high side	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

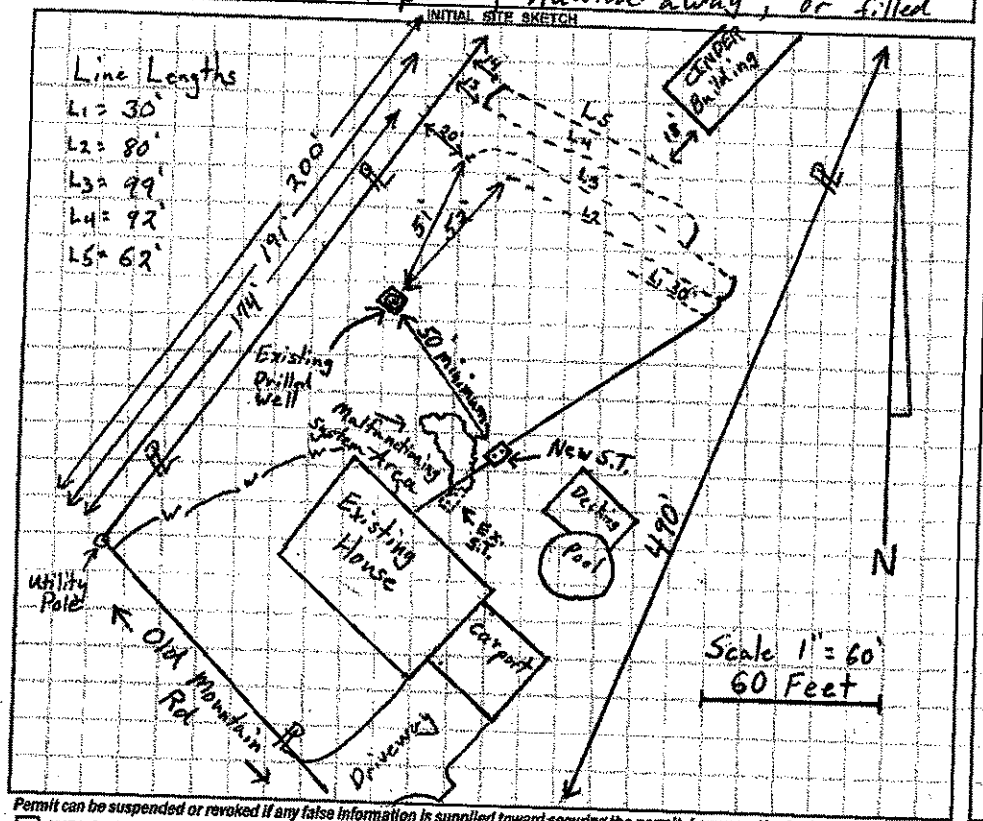
No. Bedrooms 3 No. Persons 6 No. Employees — ☐ Crawl Space

Water Supply: ☒ Private ☒ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Existing well must be un-earthed to ensure installed septic components meet the 50-foot setback. Old septic tank shall be: 1) Pumped 2) Limed and either crushed in place, hauled away, or filled with clean-flowable fill that is self-leveling (gravel, sand or cement) Recommend pumping new septic tank every 3-5 years.

★DO NOT DRIVE OVER ANY SEPTIC COMPONENTS★

INITIAL SITE SKETCH



AS BUILT SKETCH

Used Quick 4

Abandoned old ST

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: Alan Lewis Date: 1-11-17

IMPROVEMENT PERMIT by: Tom Shuck Date: 1-4-2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1-4-2017

Installed by: David Yount

OPERATION PERMIT by: Myra Dotson Date: 2/24/17

Existing System Inspected by: Date:

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