IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (BB) PERMIT # 225926

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

PIN # 4704403571.116

APPLICANT: Jerry Alexander APPLICANT ADDRESS: 182 Wing Dr Statesville NC

SITE ADDRESS: 116 BC Dr Statesville NC 28677 PHONE: 704-878-2569 ALT. PHONE: 704-682-6336

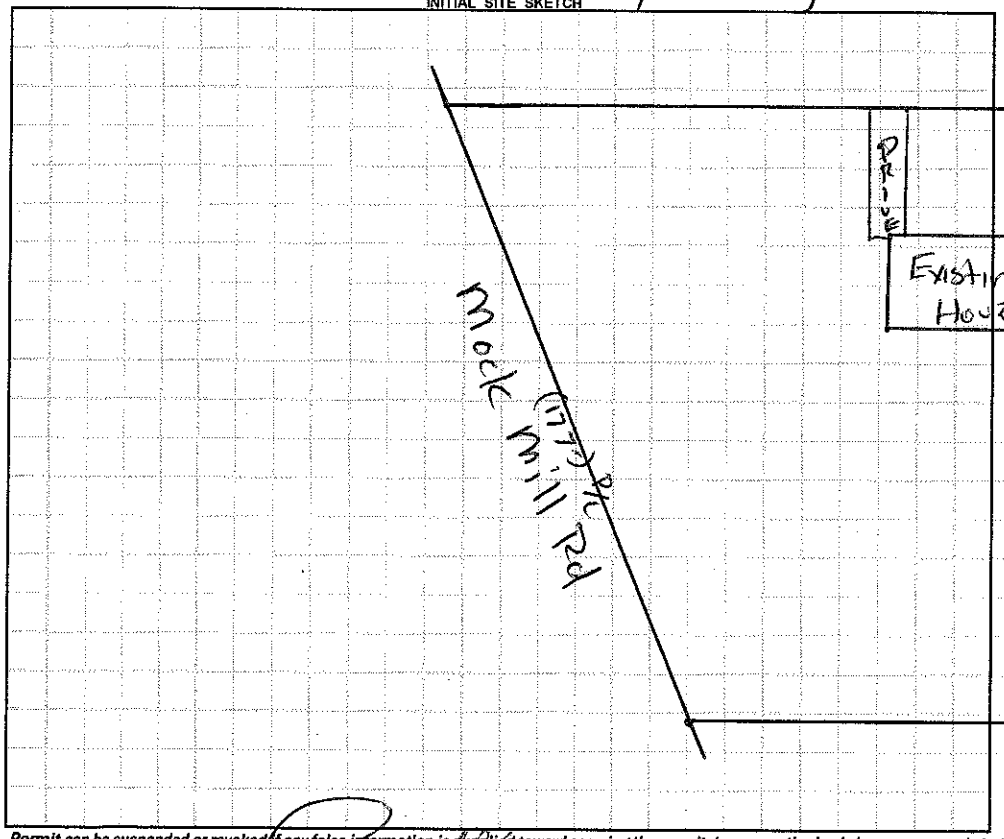
SITE DIRECTIONS: 40W T/L old mtn Rd T/R Beulah Ch T/L BC Dr Lot on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.01ac DESIGN FLOW: 240 L.T.A.R.: Ex

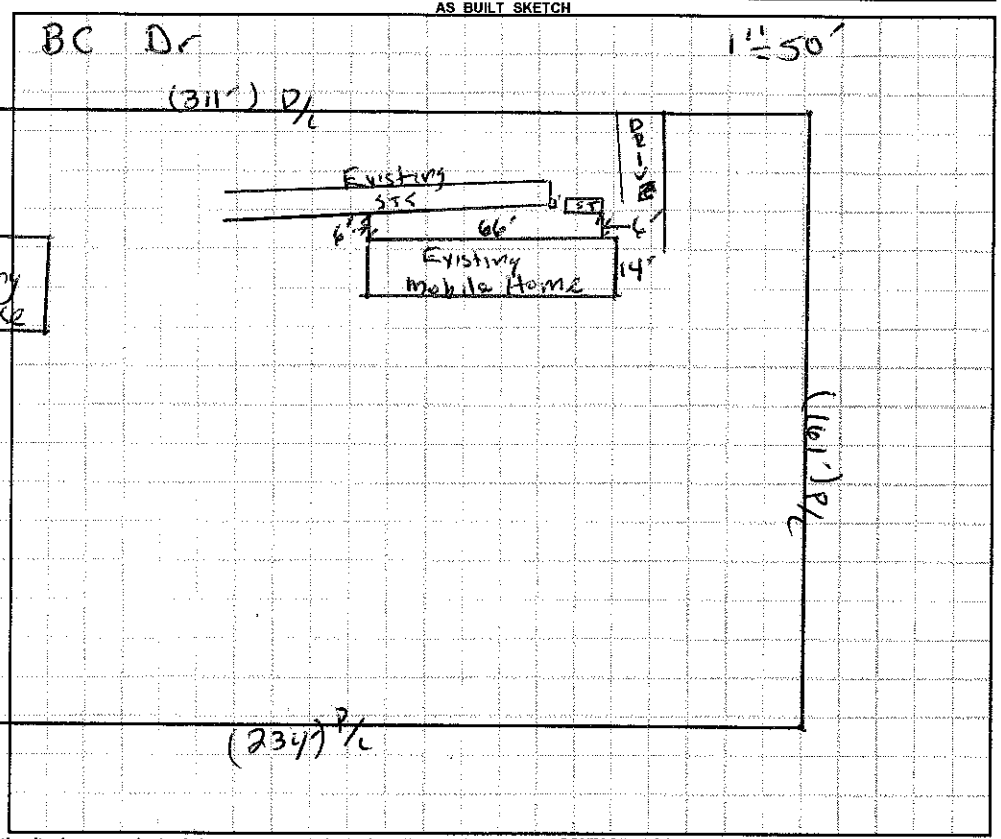
Septic Tank	Ex (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I [II] III IV V VI		☒ Residence	No. Bedrooms	2	Water Supply		
Pump Tank	(gal)	PT	Date	System Description: Existing		☐ Business	No. Persons	4	☐ Private		
Pump Make	Model		Serial #	Repair System Description:		☐ Other	No. Employees		☒ Public		
# Nitrification Fields	Ex # Lines	Ex	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: The Purpose of this Permit is to replace a existing mobile Home in same footprint as existing per Zoning. See letter maintain 5' of STS with any building foundation

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: [signature] Date: 4/13/17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: 04/07/17

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