* Expansion

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 147175 PIN# 4704-41-2162 DATE 4 JANUARY 08

OWNER OR APPLICANT Boston & Arleen Wilcox PHONE: Business 704-707-8019 Home 704-872-8359

ADDRESS 108 Living Dr. Statesville, N.C.

LOCATION Old NW Blvd. Turn onto Beulah Ch. Rd. Stay Rt. on Beulah Ch. TL Living Dr. 1st on Rt.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 480 gpd L.T.A.R. 0.25 gpd/ft²

Septic Tank: Existing Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 240

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

☐ New System ☐ Repair ☑ Expansion System Type: I ☐ II ☐ III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction - 1 pump

Maintenance Agreement Required: ☐ Yes ☒ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

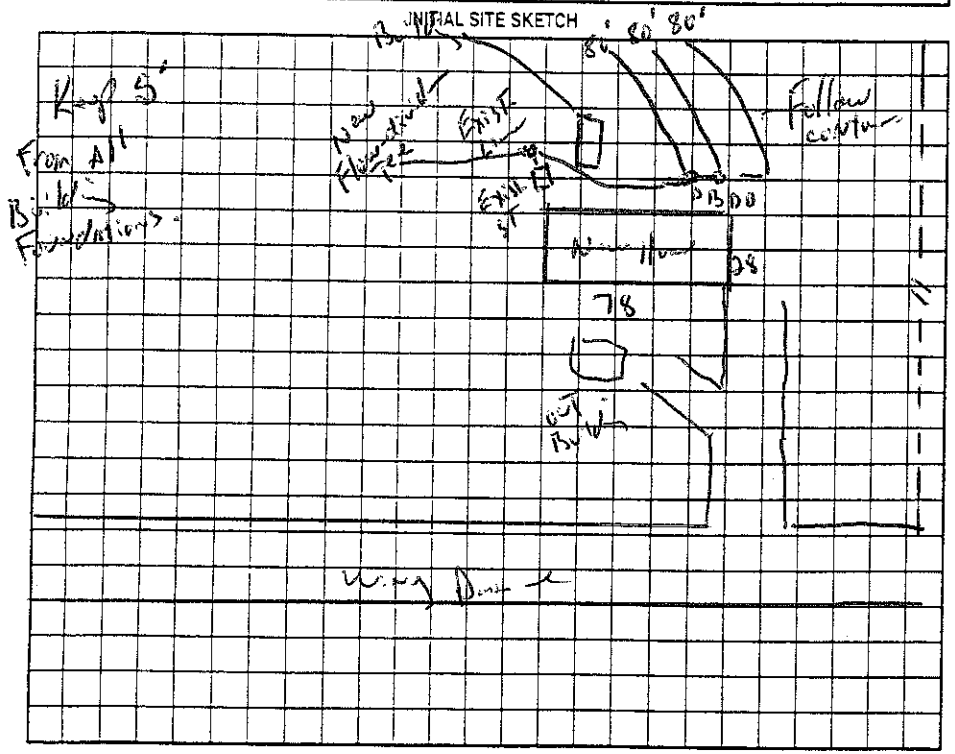
Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth N/A ☑ Gravity ☐ Pressure ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

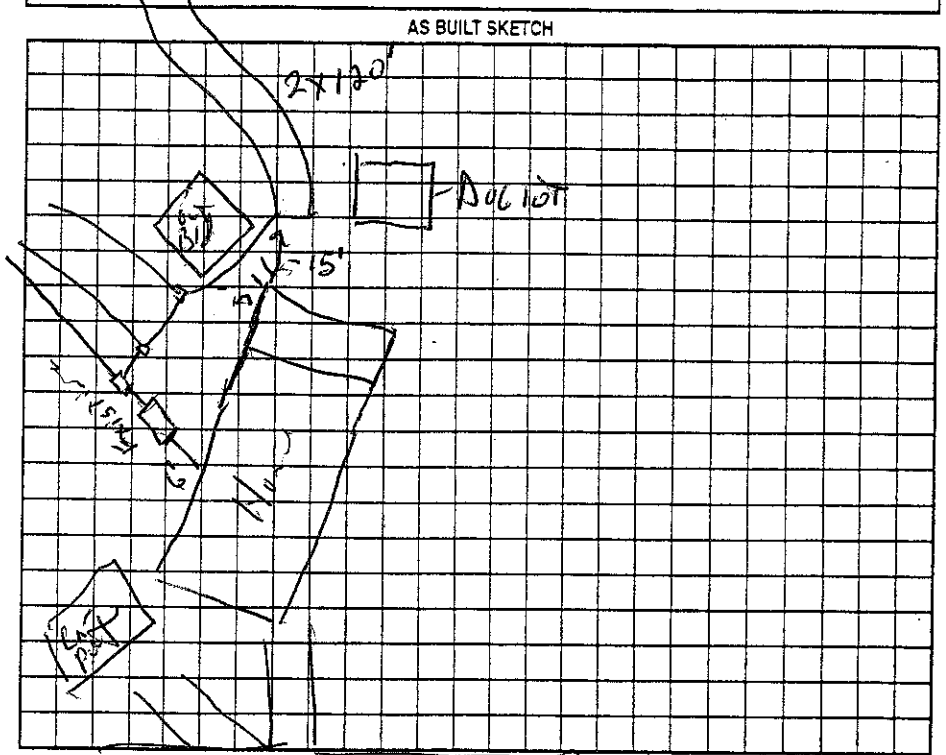
Comments/Conditions: Add Flow-diversion tee Also
Add 960 ft² to existing system.
Must all setback requirements!

Comments/Conditions:

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 1-4-08 Installed by: A-1

Improvement Permit by: _____, R.S. date 4 JAN. 08 Operation Permit by: _____, R.S. date 7 JAN. 08

Authorization to Construct by: _____, R.S. date 4 JAN. 08 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK