IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # 210905

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

PIN # 4704482642

APPLICANT: Kathy Vang APPLICANT ADDRESS: 106 Colonial Heights Ln Statesville NC

SITE ADDRESS: 106 Colonial Heights Ln Statesville NC PHONE: 704-880-3510 ALT. PHONE: N/A

SITE DIRECTIONS: 40 W To old mtn Rd T/R then T/R on colonial Heights First on Right

SUBDIVISION: Colonial Acres SECTION: N/A LOT # 19 LOT AREA: 0.79ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank Ex (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 292

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees

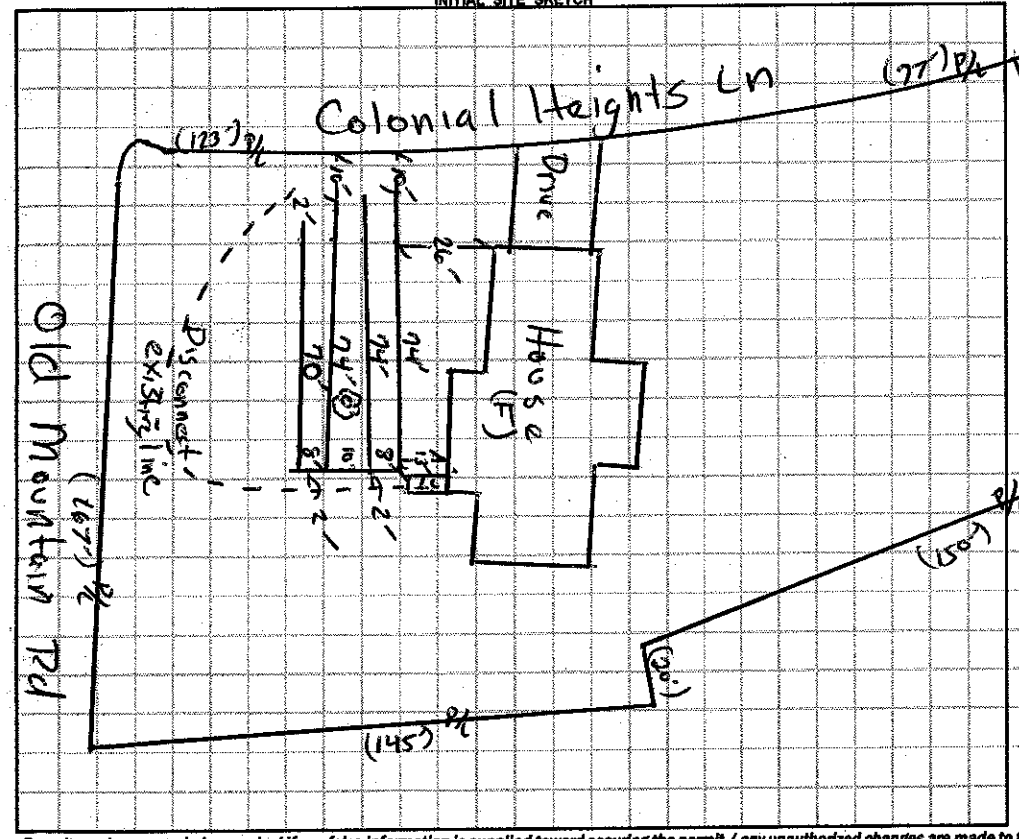
☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

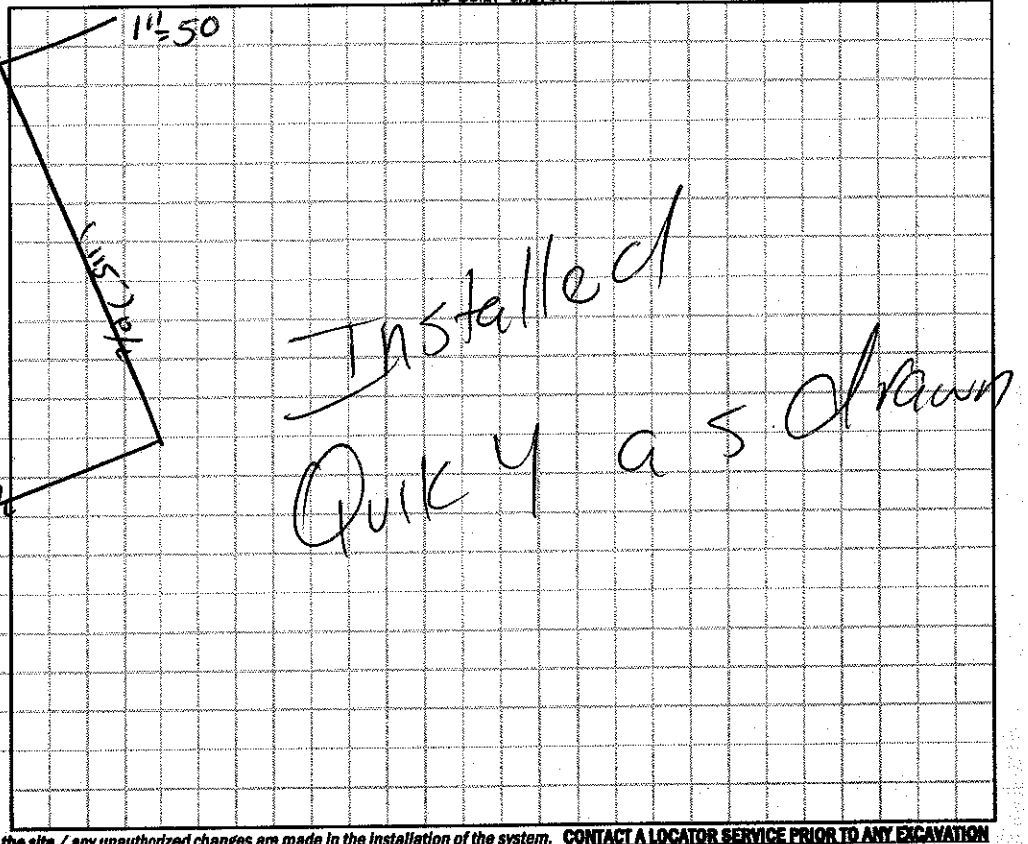
☐ Basement w/o plumbing

Comments / Conditions: Check tank, check tee, replace if needed. Install 25% reduction on contour with serial distribution. may need to take out oak between lines

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: Date:

IMPROVEMENT PERMIT by: Date: 06/03/15

AUTHORIZATION TO CONSTRUCT by: Date: 06/03/15

Installed by: Loose ends repair Brandon Martin

OPERATION PERMIT by: Date: 08/04/15

Existing System Inspected by: Date:

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