IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 210331

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

PIN # 4705891805

APPLICANT: Betty Davis | APPLICANT ADDRESS: 4257 Taylorsville Hwy Statesville NC

SITE ADDRESS: 4257 Taylorsville Hwy Statesville NC | PHONE: 704-873-3496 | ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 90 toward Stony Point 2nd house on left passed Tippard Farm Rd

SUBDIVISION: N/A | SECTION: N/A | LOT # N/A | LOT AREA: 0.89 ac | DESIGN FLOW: Ex | L.T.A.R.: Ex

Septic Tank 1000 (gal) | STB 1012 | Date 7/2/14
Pump Tank ____ (gal) | PT ____ | Date ____
Pump Make ____ | Model ____ | Serial # ____
Nitrification Fields Ex | # Lines Ex | Linear Ft: Ex
Trench Width Ex | Max. Trench Bottom Depth Ex | Gravel Depth Ex

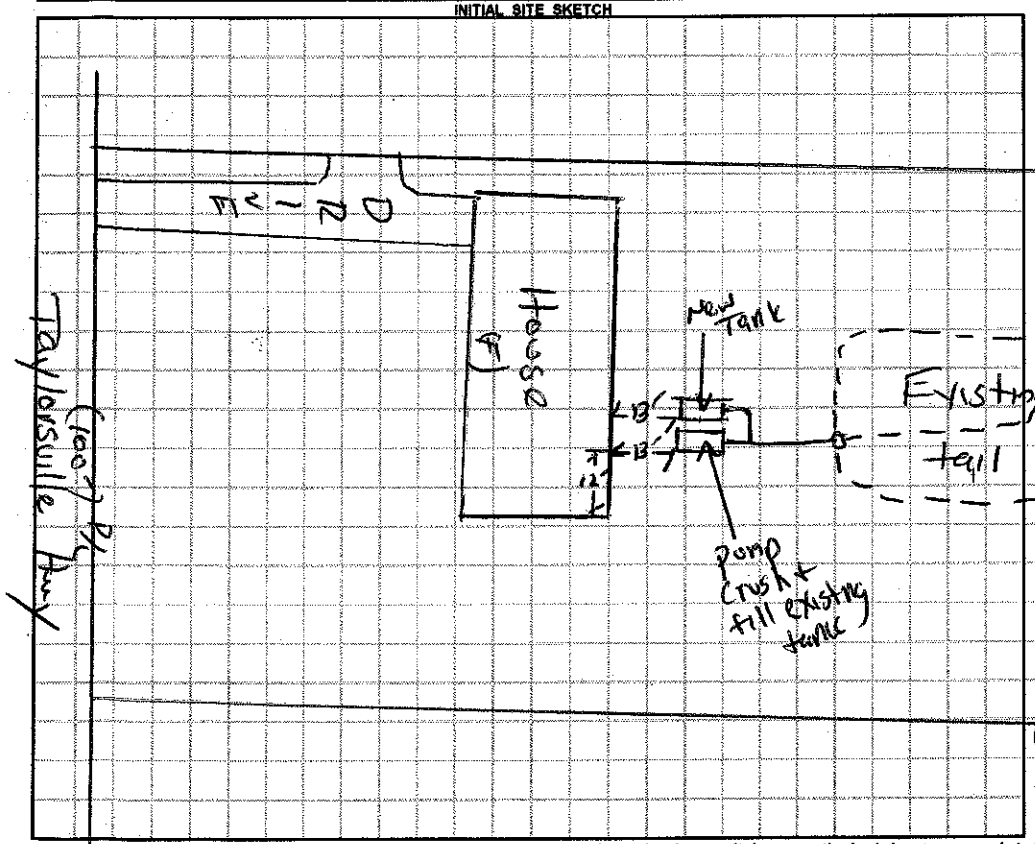
☐ New System ☑ Repair ☐ Expansion | System Type: I II III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

☒ Residence | No. Bedrooms Ex
☐ Business | No. Persons Ex
☐ Other | No. Employees ____
☐ Slab | ☒ Crawl Space
☐ Basement w/plumbing | ☐ Basement w/o plumbing

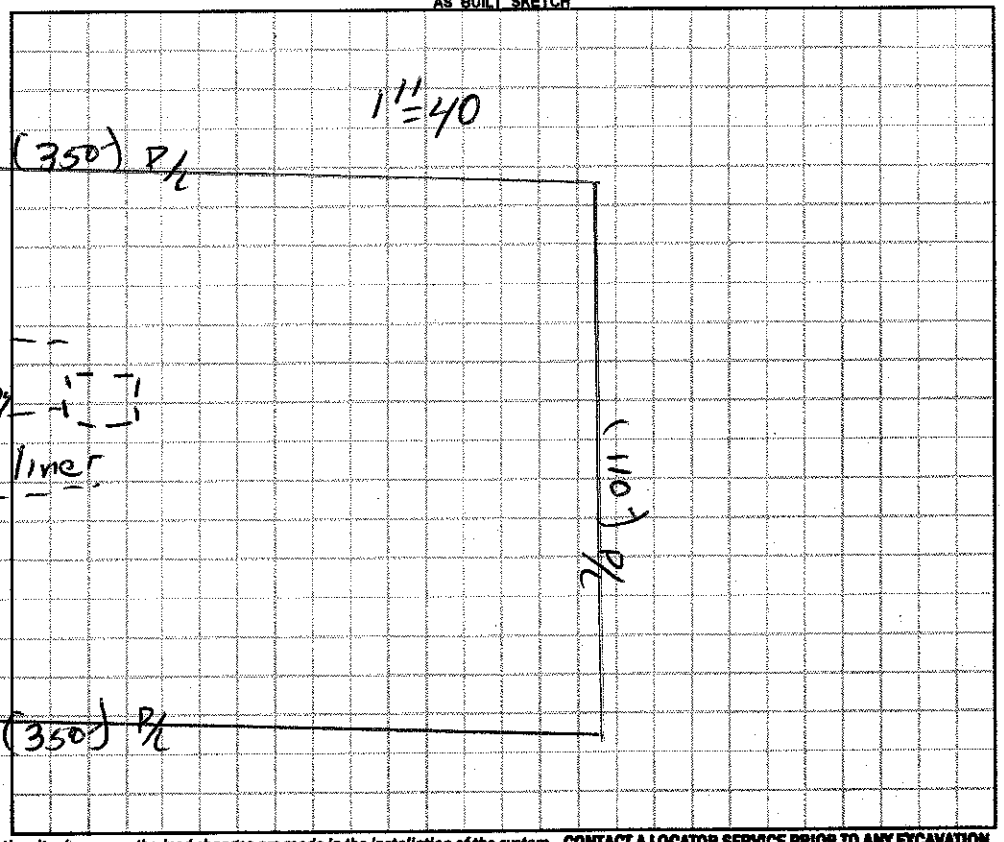
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump, Crush and fill existing tank.

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: Betty Davis | Date: ____ | Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Debbie H. Ashley | Date: 05/14/15 | OPERATION PERMIT by: [signature] | Date: 5/19/15

AUTHORIZATION TO CONSTRUCT by: Debbie H. Ashley | Date: 05/14/15 | Existing System Inspected by: ____ | Date: ____

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