IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 159072 PIN # 4706-71-2522 DATE 1-15-10

OWNER or APPLICANT Gary Sutter PHONE: Business Home: 704-437-4743

OWNER or APPLICANT ADDRESS 118 Hager View Dr Statesville NC 28625

LOCATION / DIRECTIONS Highway 90 TR Oak Hill 2nd on right → 118 Oak Hill Ln

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 30 AC DESIGN FLOW 480 L.T.A.R. .3 (Exist)

Septic Tank 1000 Gallons: STB 825 Date 1-2-10

Pump Tank 1000 Gallons: PT 302 Date 3-5-10

Pump Make Zoeller Model BN53 Serial #

Nitrification Field No Fields 1 No Lines 4 Linear Feet 533 (EXISTING)

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conventional Pump – Exist Tank

Repair System Description: 25% Pump → Exist Tank

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

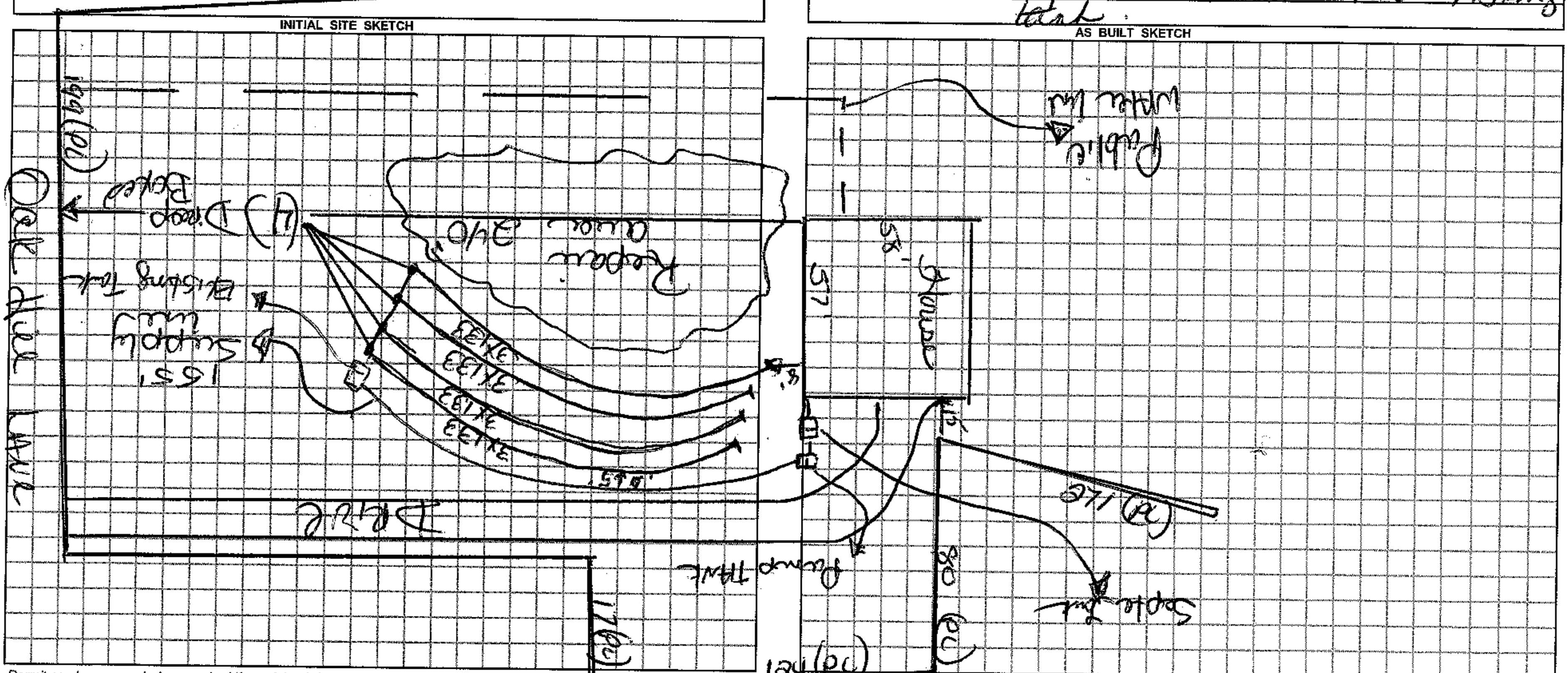
☒ Residence No. Bedrooms 4 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☐ Private ☒ Public ☐ Community

Comments / Conditions (NOT to SCALE)

Comments / Conditions SEE ATTACHED SHEET FOR PUMP REQUIREMENTS. Cap old inlet into 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.

☐ IMPROVEMENT PERMIT w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Ginger Dowdle Date 3/9/10

Improvement Permit by: [signature] Date 1-15-10

Authorzation to Construct by: [signature] Date 1-15-10

Installed by: Rowan Septic

Operation Permit by: [signature] Date: 5-13-10

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant