IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222531

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

PIN # 4710579999

APPLICANT: Joel Settle APPLICANT ADDRESS: 623 N Oakland Ave Statesville NC

SITE ADDRESS: 158 Mimosa Rd Statesville NC PHONE: 336-749-1700 ALT. PHONE: N/A

SITE DIRECTIONS: Buffalo Shoals Tk Pineville Rd T/R Spring Shore

SUBDIVISION: Spring Shore SECTION: P/A LOT # 86 LOT AREA: 0.48ac DESIGN FLOW: Ex L.T.A.R.: Ex

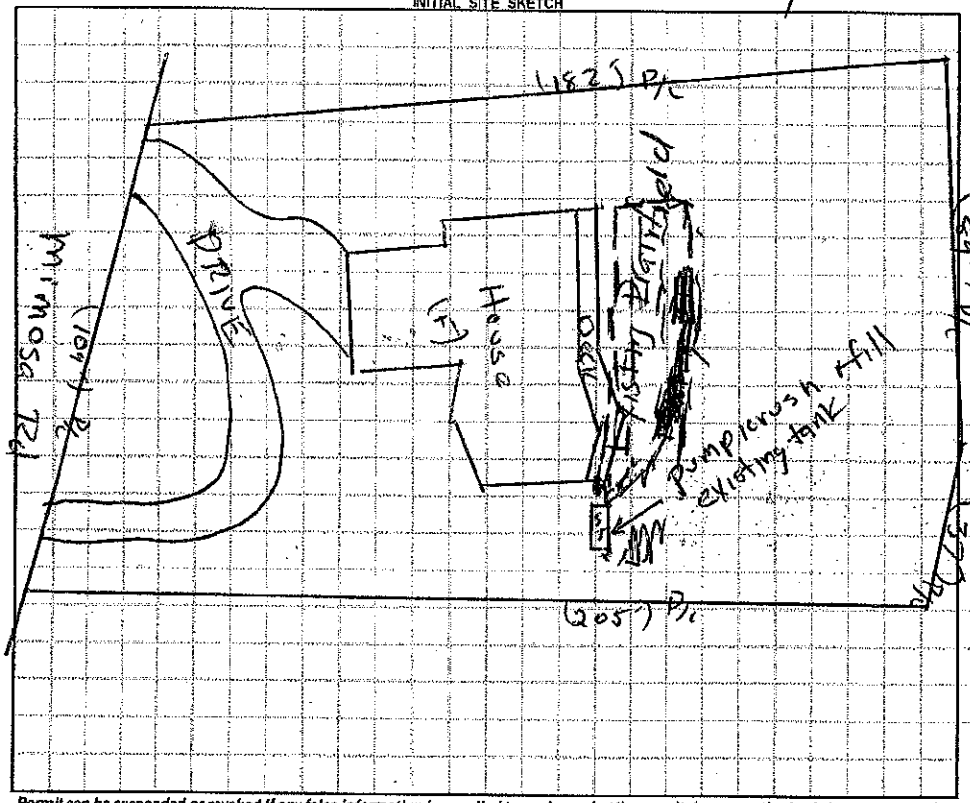
Septic Tank	1000 (gal)	STB	2071	Date	UNKNOWN	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Tank		
Pump Make		Model		Serial #		Repair System Description:			
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE		

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

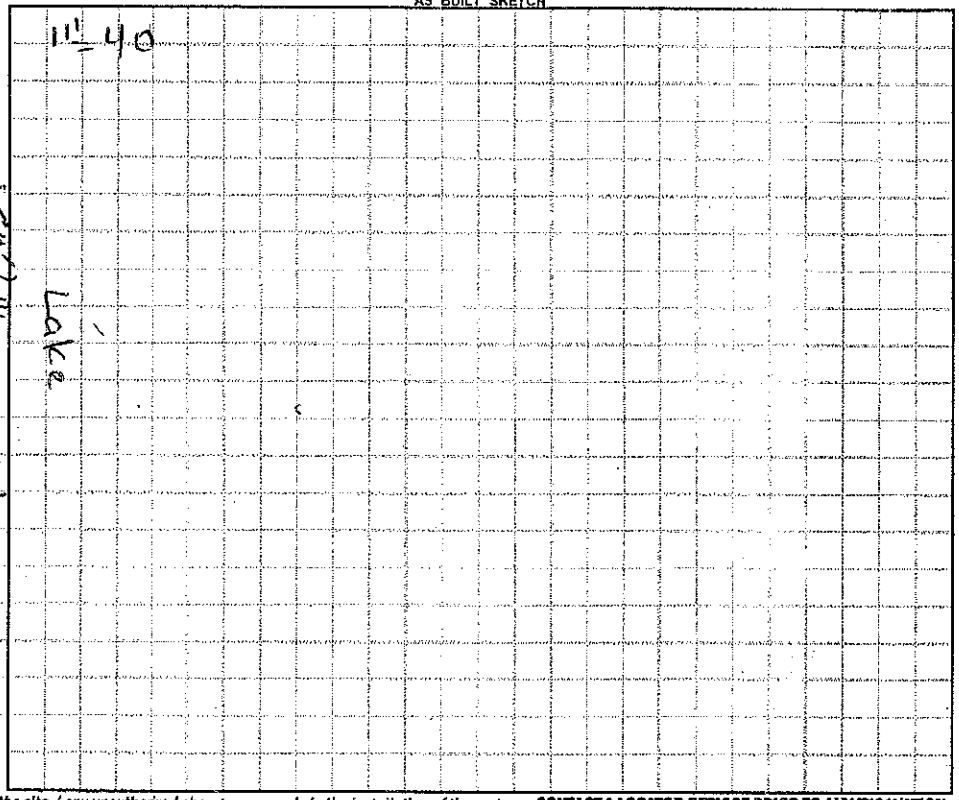
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush + fill existing tank. Set new in existing hole or haole 50' buffer marked. Use risers if cover exceeds 6". Maintain 75' from any well

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: 10/21/16 Installed by: Shane Cashion

IMPROVEMENT PERMIT by: Date: 10/21/16 OPERATION PERMIT by: W Sparks Date: 10/27/16

AUTHORIZATION TO CONSTRUCT by: Date: 10/21/16 Existing System Inspected by: Date:

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