IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215330

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

PIN # 4710662611

APPLICANT: Stephen Layton APPLICANT ADDRESS: 118 Stonehurst Ln Mauldin SC 28173

SITE ADDRESS: 150 Island View Rd Statesville NC PHONE: 704-243-4873 ALT. PHONE: 704-996-9742

SITE DIRECTIONS: 215 T/R old Mtn T/L East Monbo T/L Pinewell Rd T/R Spring Shore Rd T/L Island View Rd

SUBDIVISION: Spring Shore SECTION: N/A LOT # 41 LOT AREA: 0.6 Acre DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 1012 Date 4-18-15
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Tornado Serial # EX4
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

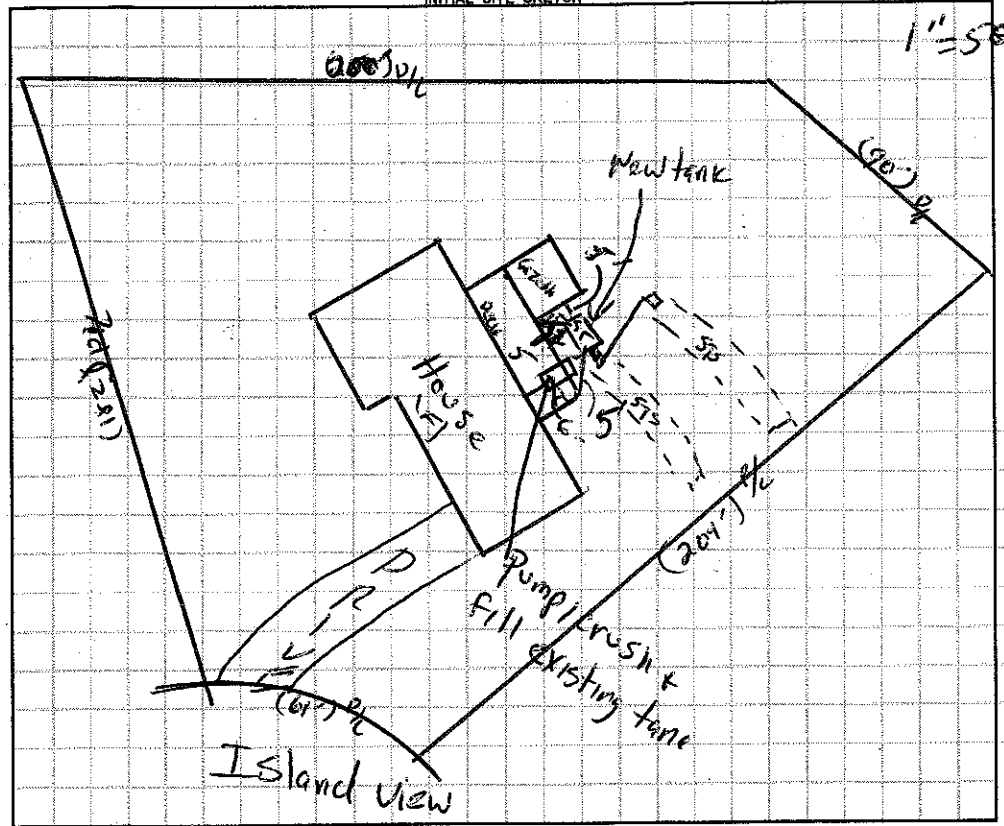
☐ New System ☑ Repair ☐ Expansion System Type: I ☐ II ☐ III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ 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 & fill existing tank. Maintain no greater than 6" of cover of use risers. Maintain 5' off any foundation

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn

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: Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Date: 12/10/15 OPERATION PERMIT by: Date: 04/07/16

AUTHORIZATION TO CONSTRUCT by: Date: 12/10/15 Existing System Inspected by: Date:

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