IREDELL COUNTY HEALTH DEPARTMENT

BA

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2146617

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

PIN # 4710912487

APPLICANT: Patty Bender APPLICANT ADDRESS: 152 Gabriel Drive Mooresville NC 28115

SITE ADDRESS: 296 Clark Cove Rd Statesville NC 28677 PHONE: ALT. PHONE: 704 506 1611

SITE DIRECTIONS: Main St through Trootman TL Talley Rd TL Monbo Rd TL St. Johns TR Clark Cove Rd on right

SUBDIVISION: Old Homestead I SECTION: 1 LOT # 16 LOT AREA: DESIGN FLOW: 360gpd L.T.A.R.:

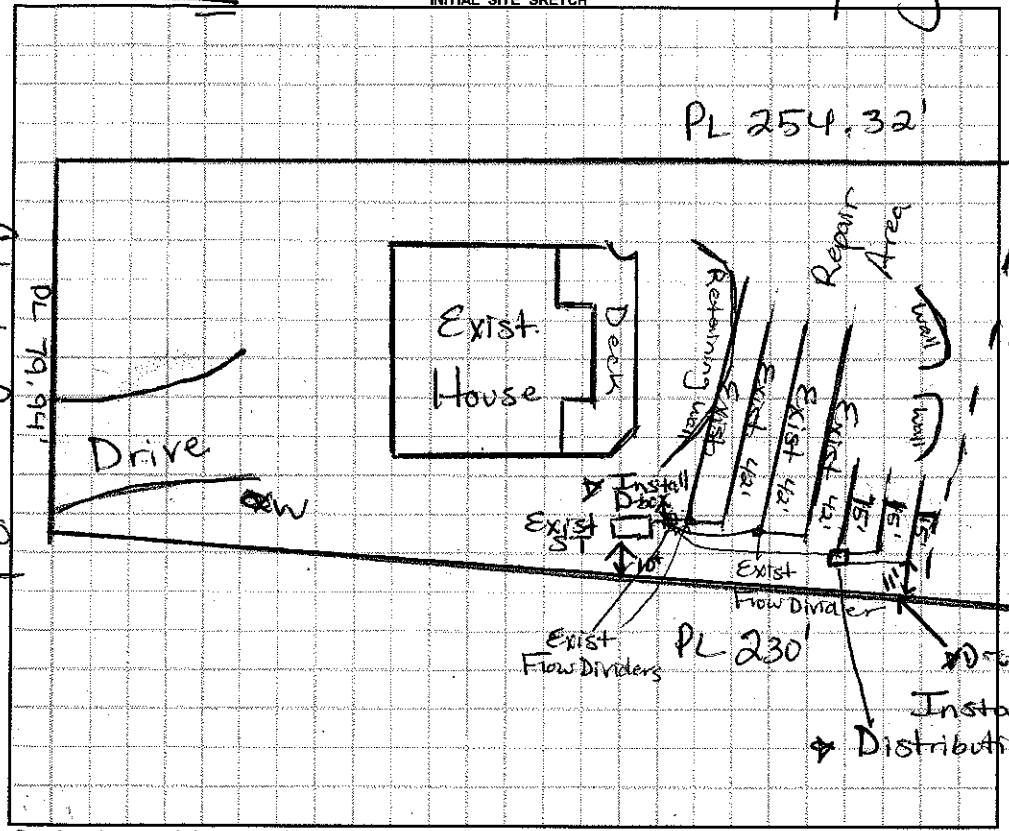
EXIST

Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI		[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity Panel Blk		[ ] Business	No. Persons 6	[X] Private
Pump Make	Model	Serial #	Repair System Description: * LP PPBPS / Pretreatment		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines Add 3 lines (to Exist)	Linear Ft: 45'	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[ ] Crawl Space	[ ] Community
Trench Width min 24"	Max. Trench Bottom Depth 30-36"	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE		[X] Basement w/plumbing	[ ] Basement w/o plumbing	

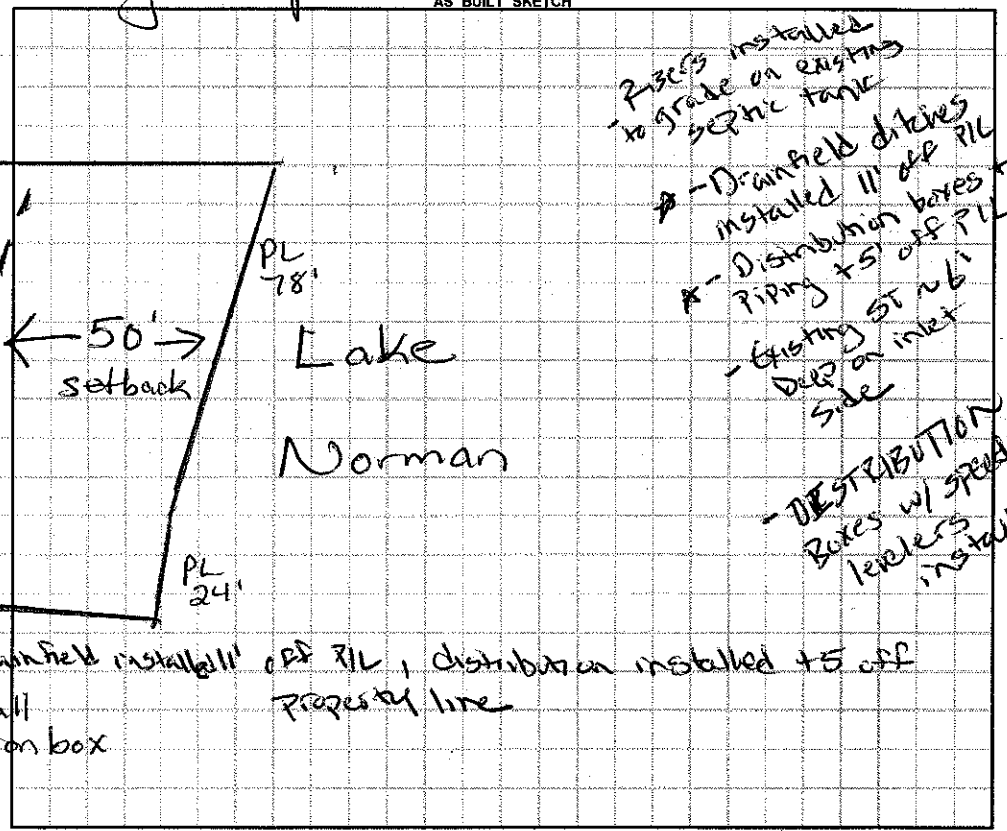
Comments / Conditions: Note: Remove Exist. Flow Dividers. Install Distribution box and feed remaining 3 lines. Install distribution box on upper most of 3 new lines & feed new lines equally.

Keep new lines at least 15Ft from Cut 25Ft or greater.
* Site modifications made have to be done to get repair done in the future.

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: Patty Bender Date: 12/21/15 Installed by: FJ Irvin

IMPROVEMENT PERMIT by: Maria Date: 12/18/15 OPERATION PERMIT by: Justin Date: 3-3-16

AUTHORIZATION TO CONSTRUCT by: Maria RS Date: 12/18/15 Existing System Inspected by: Date:

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