Statesville office

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

PERMIT # 22405

PIN # 4713471130

APPLICANT: Myra F Bell | APPLICANT ADDRESS: 145 Belinda Lp Statesville NC 28677

SITE ADDRESS: 145 Belinda Lp Statesville NC 28677 | PHONE: 704-380-2646 | ALT. PHONE: 803-431-9655

SITE DIRECTIONS: 40 to old Mountain Rd to Belinda Lp 4th house on left

SUBDIVISION: Bethlehem | SECTION: n/a | LOT # 22, PT23 | LOT AREA: .5ac | DESIGN FLOW: Ex | L.T.A.R.: Ex

Septic Tank	000 (gal)	STB	760	Date	11-5		
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 ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

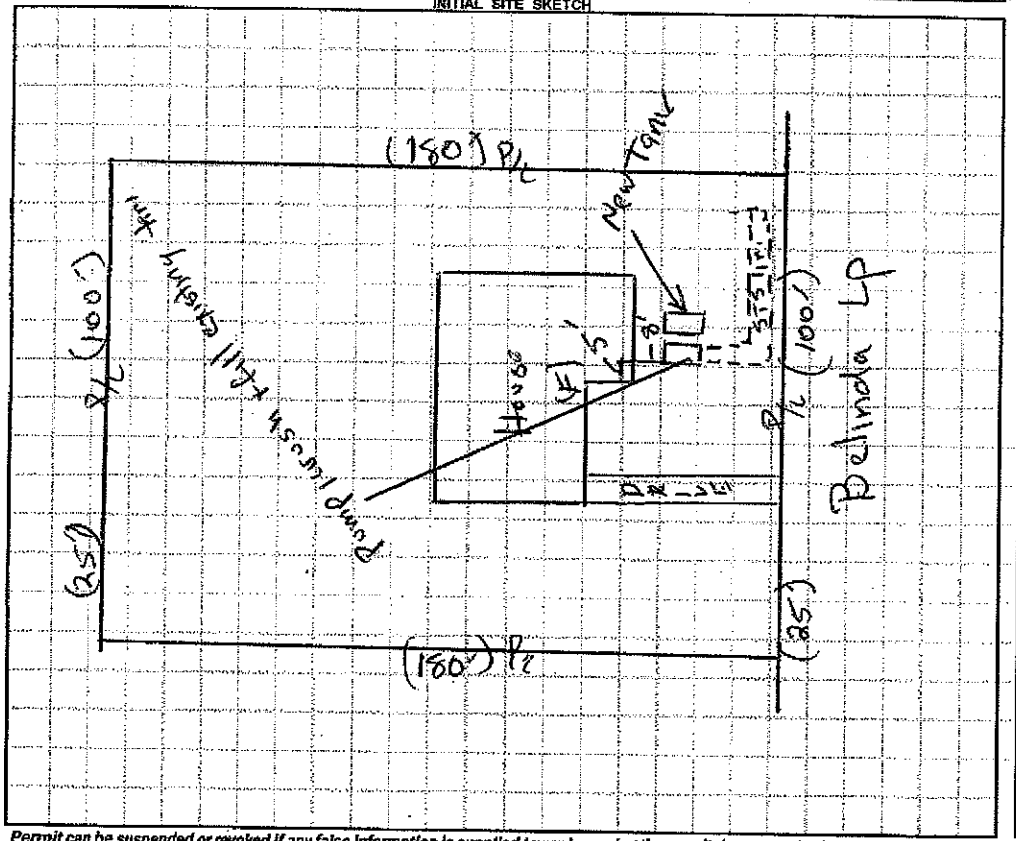
No. Bedrooms: Ex | No. Persons: Ex | No. Employees: | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Pump, crush + fill existing tank
Maintain 5' off any building foundations
maintain no greater than 6" of cover
or use risers.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED WHERE SHOWN RA

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: Myra Funderburk Bell Date:

IMPROVEMENT PERMIT by: Date: 01/05/17

AUTHORIZATION TO CONSTRUCT by: Date: 01/05/17

Installed by: LENTZ RA-008 Date: 1-27-17

OPERATION PERMIT by:

Existing System Inspected by: Date:

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