Statesville Office ✓ #224894

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

PIN # 4714-80-3760

APPLICANT: Ray E. Jones APPLICANT ADDRESS: 2721 Hickory Highway Statesville, NC 28677

✓ SITE ADDRESS: 2721 Hickory Highway Statesville, NC 28677 PHONE: 704-878-0612 ALT. PHONE:

SITE DIRECTIONS: Hickory Highway W from Statesville → House on Left

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 7.4 acres DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank 1000 (gal) STB 600 Date 1-17-17
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: —
Repair System Description: Replace Septic Tank as Requested
Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

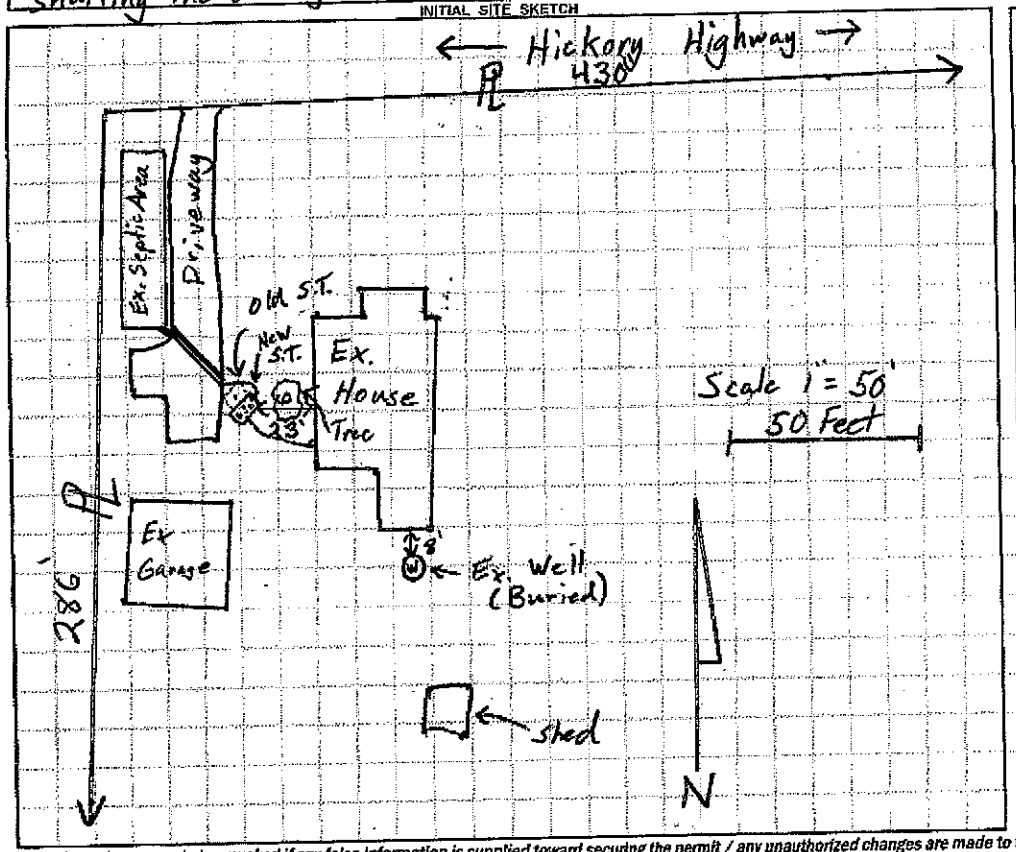
☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. Septic rules. Existing tank to be pumped + Crushed in place. Recommend spreading hydrated lime on all septic tank surfaces. Recommend snaking the conveyance line between S.T and drainfield area.

Any replacement of piping, recommend SCH-80 rated pipe beneath driveway. Recommend removing all Non-grass vegetation at least 10' from all septic components + pumping septic tank every 3-5 years.

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 EXCAVATIO

☐ 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 m

Owner / Applicant Signature: Ray E. Jones Date: 3-6-2017 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: Tom Shuck Date: 3-6-2017 OPERATION PERMIT by: [signature] Date: 3-17-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3-6-2017 Existing System Inspected by: — Date: —

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