11:20

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 174983

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

PIN # 4715168757

APPLICANT: Richard & Jody McDaniels APPLICANT ADDRESS: 172 Tarlton Rd Statesville, NC 28625

SITE ADDRESS: 172 Tarlton Rd, Statesville, NC 28625 PHONE: 704 907 7740 ALT. PHONE:

SITE DIRECTIONS: US Hwy 64 E to Tarlton Rd

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: .783 DESIGN FLOW: (360)x(120) L.T.A.R.: .25

Septic Tank existing (gal) STB existing Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines add 2 Linear Ft: 120 new

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth n/a

☐ New System ☐ Repair ☒ Expansion System Type: I II (III) IV V VI

System Description: existing had + 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 total

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

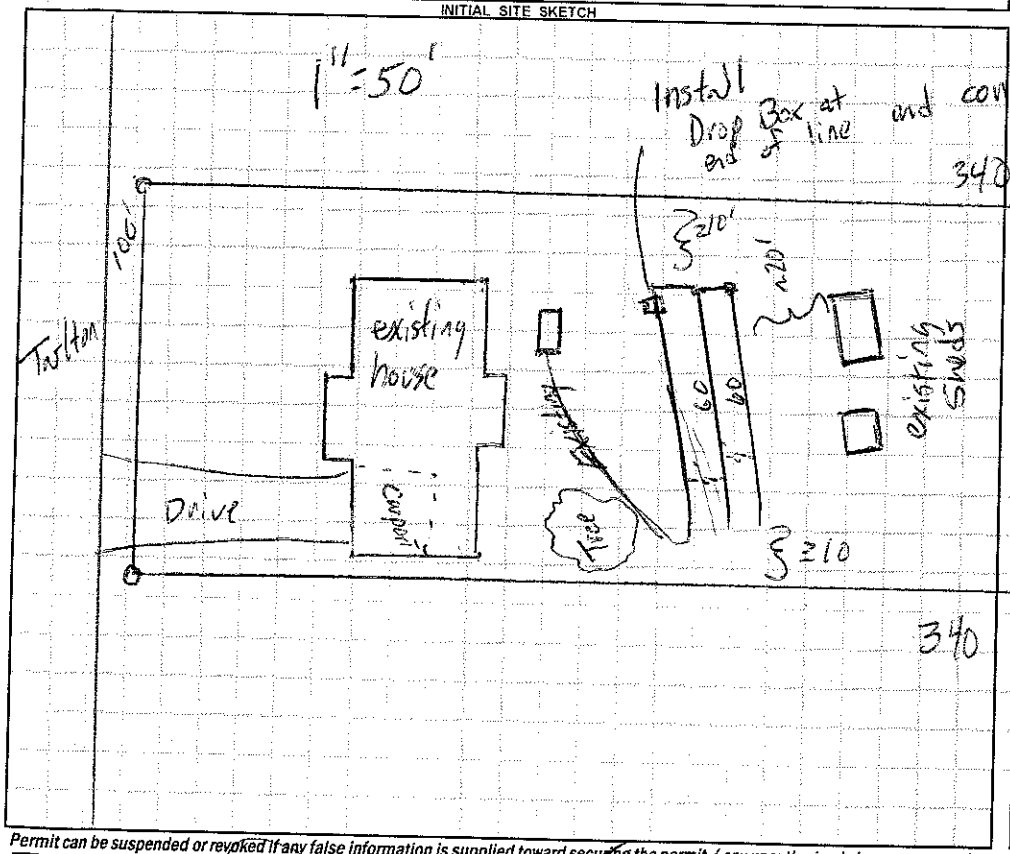
Comments / Conditions:

Tank may be replaced if necessary

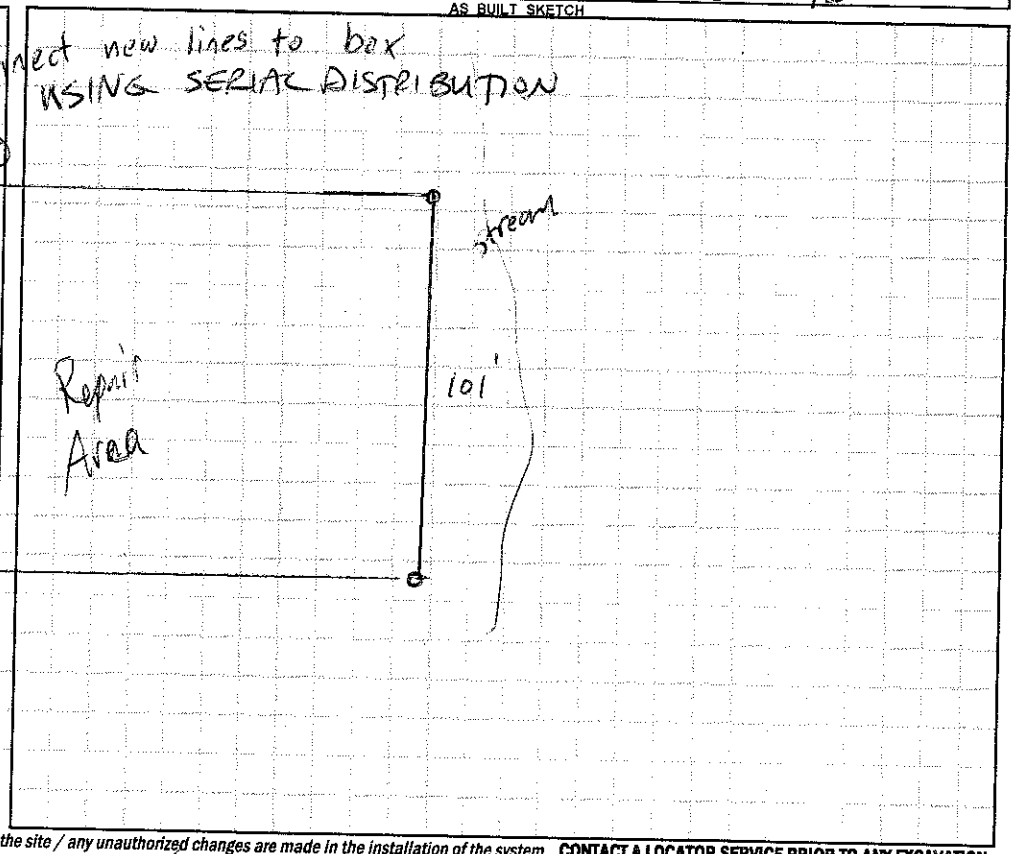
New tank had to be installed during installation due to collapse Tank # STB1012

Date: 6-25-13

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: 12-31-12 Installed by: Frye Grading

IMPROVEMENT PERMIT by: Date: 12-31-12 OPERATION PERMIT by: James Stewart Date: 3-8-13

AUTHORIZATION TO CONSTRUCT by: Date: 12-31-12 Existing System Inspected by: Date:

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