# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # 218780

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

PIN # 4715614208

APPLICANT: Donna Crawford APPLICANT ADDRESS: 135 Sunset View Ln Statesville NC

SITE ADDRESS: 216 Cannon Rd Statesville NC PHONE: 704-528-3222 ALT. PHONE: 704-902-6922

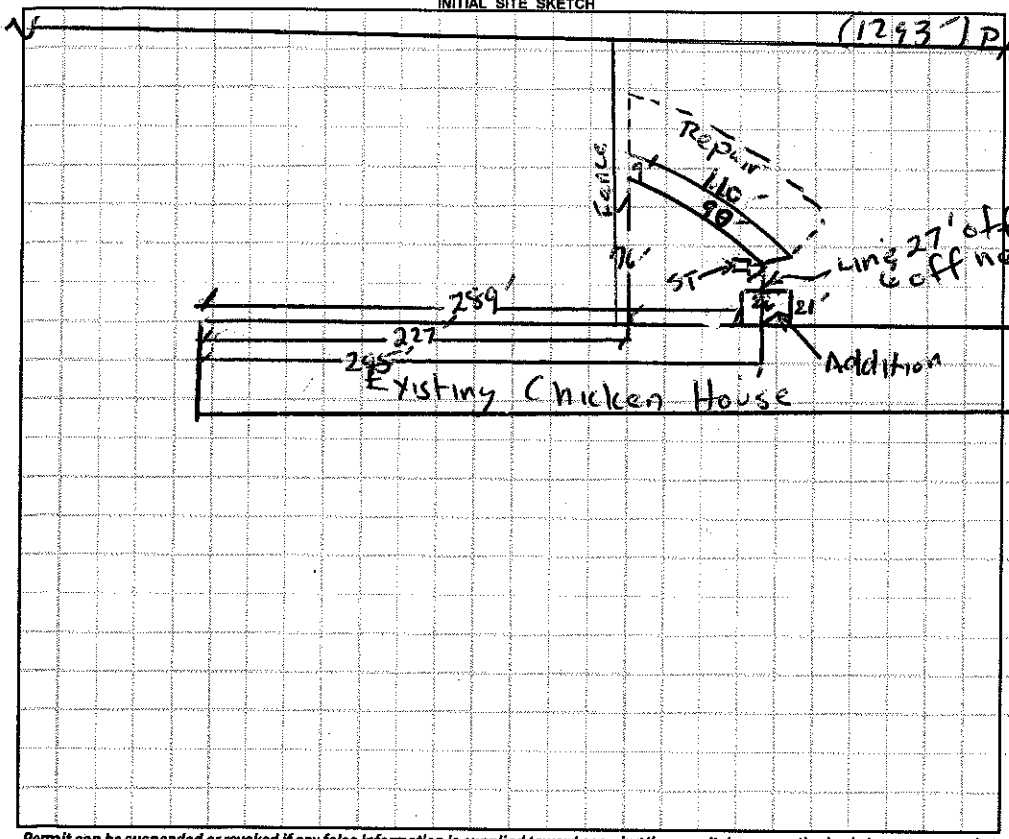
SITE DIRECTIONS: 40W T/R Stamey Farm Rd T/R Island Ford Rd T/L Cannon Rd Lot on right

SUBDIVISION: W/A SECTION: W/A LOT # W/A LOT AREA: 53.66 ac DESIGN FLOW: 240 L.T.A.R.: 0.3

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 1012 | Date | 7-5-16 | [X] New System | [ ] Repair | [ ] Expansion | System Type: I II [III] IV V VI | [ ] Residence | No. Bedrooms | 2 | Water Supply | | | |
| Pump Tank | W/A | (gal) | PT | W/A | Date | W/A | System Description: | 25% Reduction | | | [ ] Business | No. Persons | 4 | [X] Private | | | |
| Pump Make | W/A | Model | Poly Tank | | Serial # | PL-68 | Repair System Description: | 25% Reduction | | | [V] Other | No. Employees | | [ ] Public | | | |
| # Nitrification Fields | 1 | # Lines | 2 | | Linear Ft: | 200 | Maintenance Agreement Required: | [ ] YES | [V] NO | | [V] Slab | [ ] Crawl Space | | [ ] Community | | | |
| Trench Width | 36" | Max. Trench Bottom Depth | 36" | | Gravel Depth | W/A | | [V] GRAVITY | [ ] PRESSURE | | [ ] Basement w/plumbing | | | [ ] Basement w/o plumbing | | | |

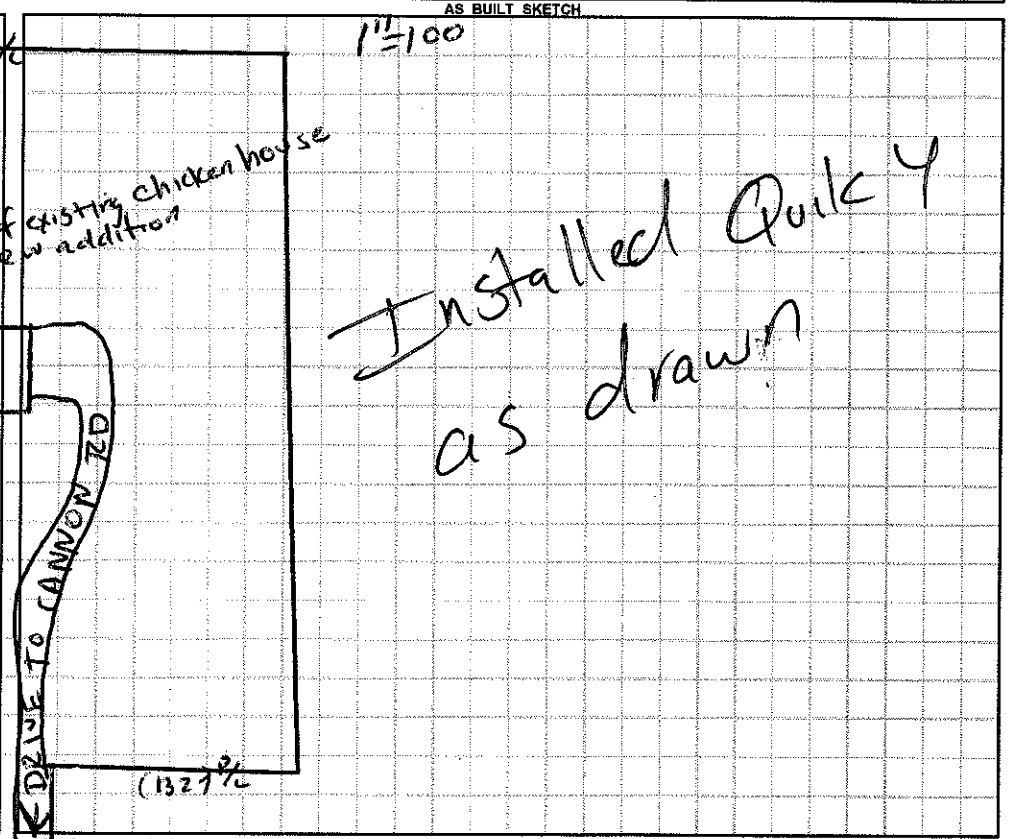
Comments / Conditions: Install 25% reduction on contour with serial distribution

INITIAL SITE SKETCH




AS BUILT SKETCH

1" = 100'




*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* [V] **IMPROVEMENT PERMIT** *with site plan valid for 60 days.* [V] **AUTHORIZATION TO CONSTRUCT** *valid for ... from IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 7/7/16 Installed by: Yountz Septic

IMPROVEMENT PERMIT by: [signature] Date: 07/06/16 OPERATION PERMIT by: [signature] Date: 11/1/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 07/06/16 Existing System Inspected by: _____ Date: _____

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