IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219686

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

PIN # 4716736734

APPLICANT: Diana Arenas APPLICANT ADDRESS: 801 S Macon St Baltimore MD

SITE ADDRESS: 120 Haywerth Ln Statesville NC PHONE: 704-880-7158 ALT. PHONE: 347-432-5264

SITE DIRECTIONS: 115 N T/R Scotts Creek T/L Little Farm T/R Haywerth Home on right

SUBDIVISION: Summerset SECTION: n/a LOT # 25 PH 2 LOT AREA: 0.425ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 760 Date 5-2
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 n/a

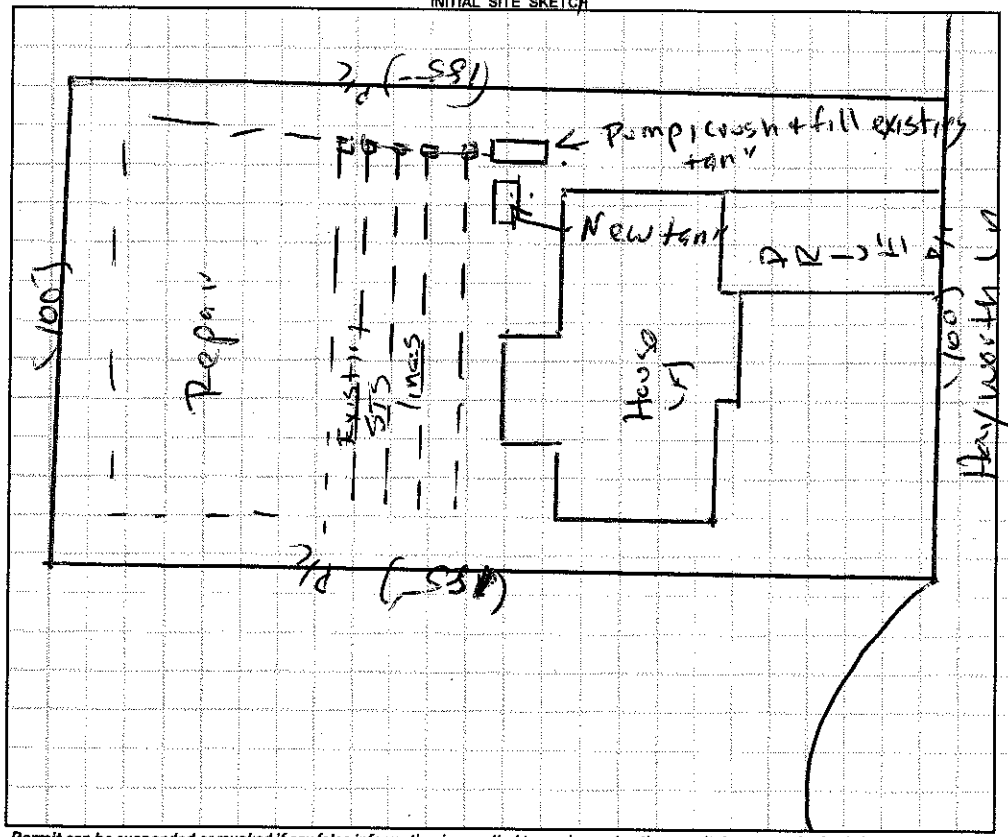
☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Pump, crush + fill existing tank
Maintain 5' off any building foundation
Maintain no greater than 6" of Cover
Maintain 2' off any fuel line

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'

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: 6-29-2016 Installed by: Lentz Septic

IMPROVEMENT PERMIT by: Date: 06/27/16 OPERATION PERMIT by: Date: 7/26/16

AUTHORIZATION TO CONSTRUCT by: Date: 06/27/16 Existing System Inspected by: Date:

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