IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208405

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

PIN # 4719791694

APPLICANT: Oleatha Goodin APPLICANT ADDRESS: 765 Bowles Farm Rd Statesville NC

SITE ADDRESS: 765 Bowles Farm Rd Statesville NC PHONE: 704-902-0810 ALT. PHONE: 704-902-1346

SITE DIRECTIONS: 115 N T/L Bowles Farm Rd 4th house on right

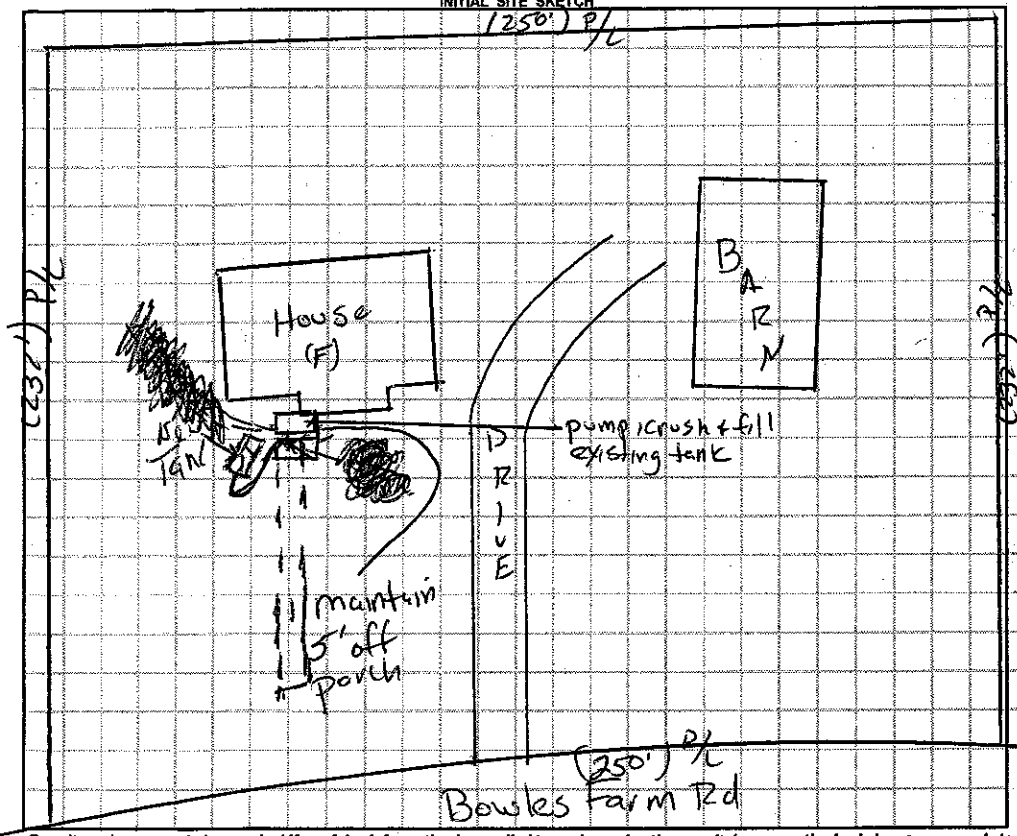
SUBDIVISION: N/A SECTION: N/A LOT # PT33 LOT AREA: 1.33ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	8-19-14	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI		
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	Tank				
Pump Make	N/D	Model	704/704	Serial #	PL-68	Repair System Description:					
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO			
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE			

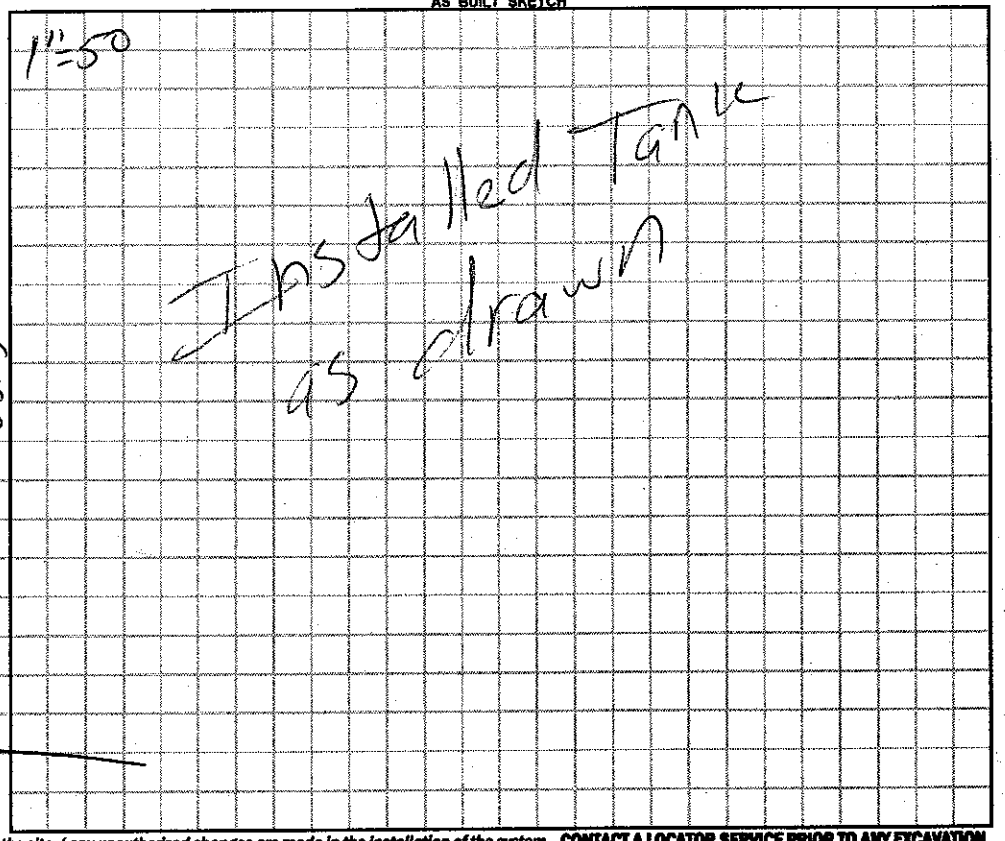
				Water Supply
☒ Residence	No. Bedrooms	Ex		☒ Private
☐ Business	No. Persons	Ex		☐ Public
☐ Other	No. Employees			☐ Community
☐ Slab	☒ Crawl Space			
☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Pump, crush & fill existing tank. Maintain 5' off any building foundation

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: Oleatha Goodin Date: 2-13-15 Installed by: Lentz Septic

IMPROVEMENT PERMIT by: Date: 02/13/15 OPERATION PERMIT by: Date: 02/16/15

AUTHORIZATION TO CONSTRUCT by: Date: 02/13/15 Existing System Inspected by: Date:

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