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IREDELL COUNTY HEALTH DEPARTMENT

This Permit VOIDS Permit issued on 4-25-12

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 11832

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

PIN # 4720 12 6931

APPLICANT: Larry McCourt APPLICANT ADDRESS: 127 Bargate Dr. Statesville, NC 28677

SITE ADDRESS: 159 Clark Cove Rd, Statesville, NC 28677 PHONE: 704-528-8019 ALT. PHONE:

SITE DIRECTIONS: St. John's Road to Clark Cove Rd, Lot on Left ~ .25 Mile

SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 1.664 Ac DESIGN FLOW: 360 L.T.A.R.: .25 GPD

Septic Tank	1000 (gal)	STB	901	Date	12-21-12	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction Gravity		
Pump Make		Model		Serial #		Repair System Description:	50% Reduction LPP		
# Nitrification Fields	1	# Lines	4	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	n/a		☒ GRAVITY	☐ PRESSURE	

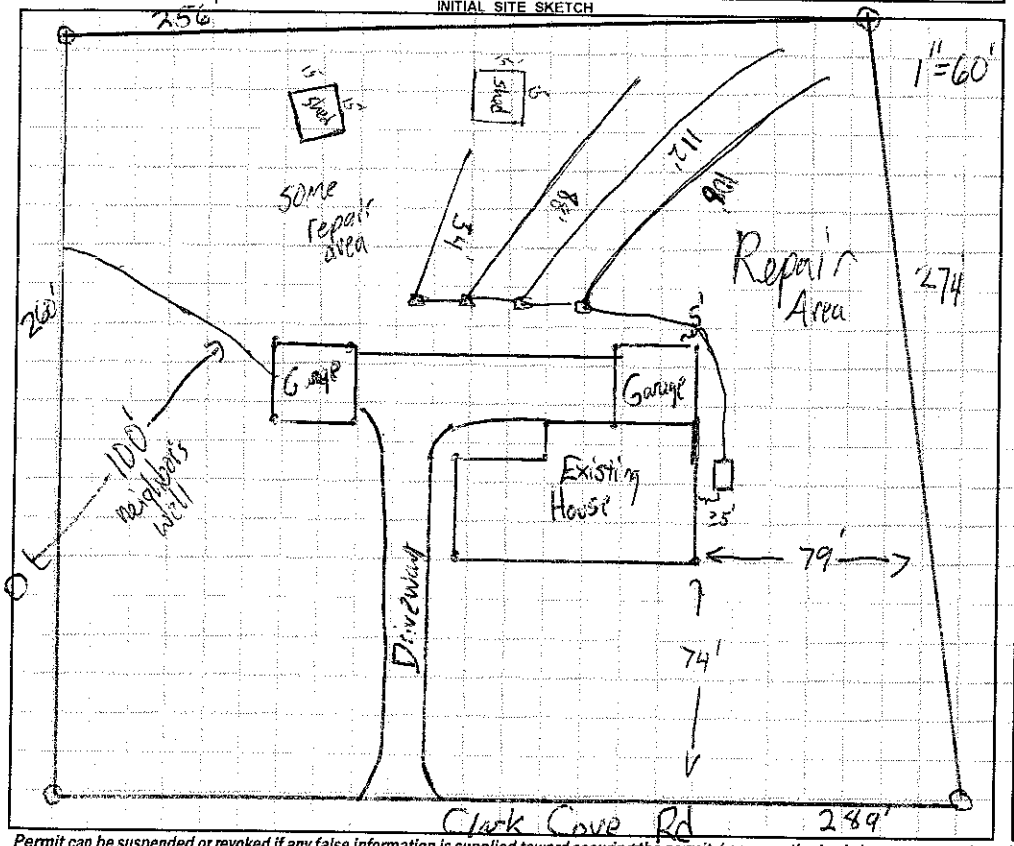
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons ____ No. Employees ____ ☒ Crawl Space ☐ Basement w/o plumbing

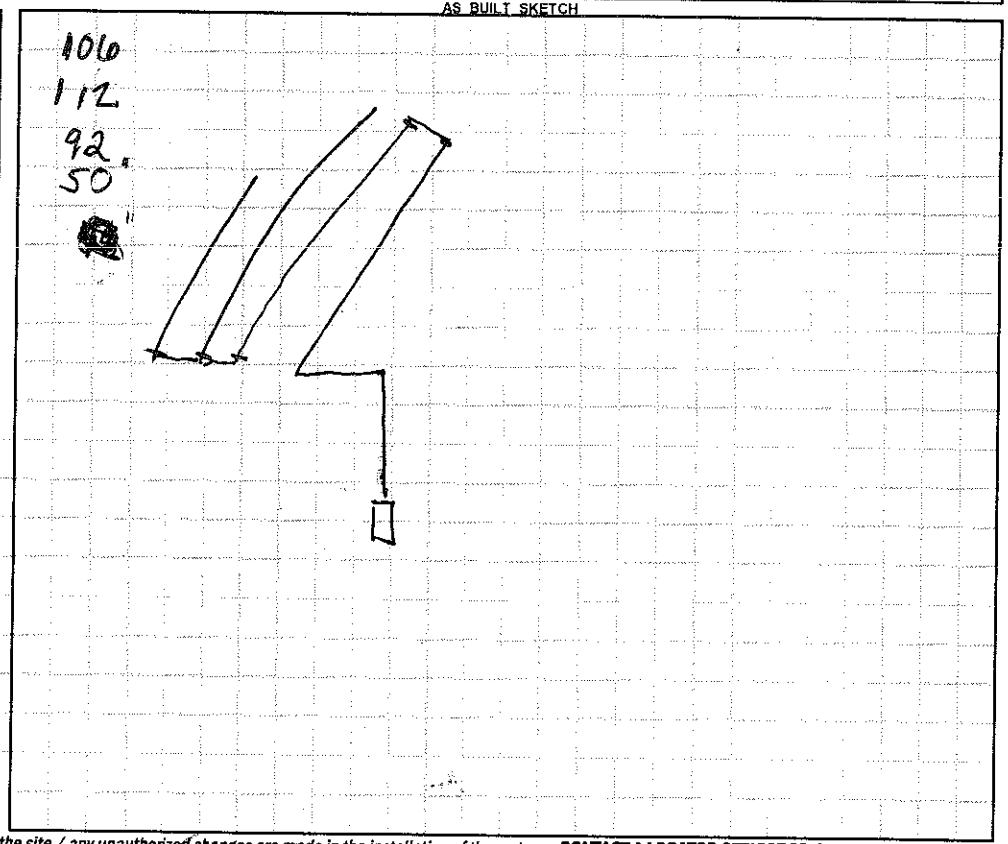
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Raise plumbing a minimum of 8 inches

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: Larry McCourt Date: 1-9-13 Installed by: Ray's Septic Tank

IMPROVEMENT PERMIT by: [signature] Date: 1-8-13 OPERATION PERMIT by: [signature] Date: 1-23-12

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-8-13 Existing System Inspected by: ____ Date: ____

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