IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 174031 PIN # 4720136324 DATE 7-31-12

OWNER Eric Estes APPLICANT: SAME PHONE: Home/Cell # 704-528-6577 Business # N/A

SITE ADDRESS 144 Clark Cove Rd. OWNER / APPLICANT ADDRESS 144 Clark Cove Rd. Statesville

SITE DIRECTIONS Hwy 215 TR Old Mtn. Rd TL E. Monbo Rd TL St. Johns Rd TR Clark Cove Rd.

SUBDIVISION N/A BLOCK / SECTION N/A LOT # N/A LOT AREA 0.54 acres DESIGN FLOW 240 gpd L.T.A.R. existing

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 3 Linear Feet 220'

Trench Width 36" Max. Trench Bottom Depth ____ Gravel Depth 18"

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

System Description: Conv. gravity

Repair System Description: ____

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

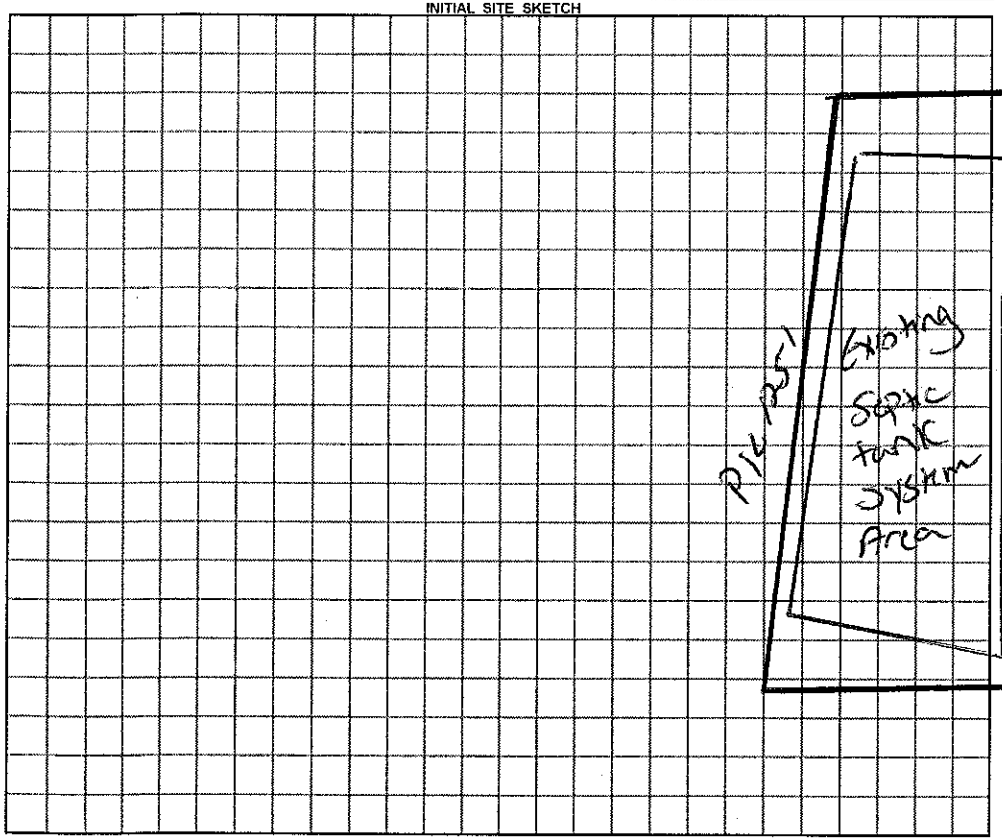
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

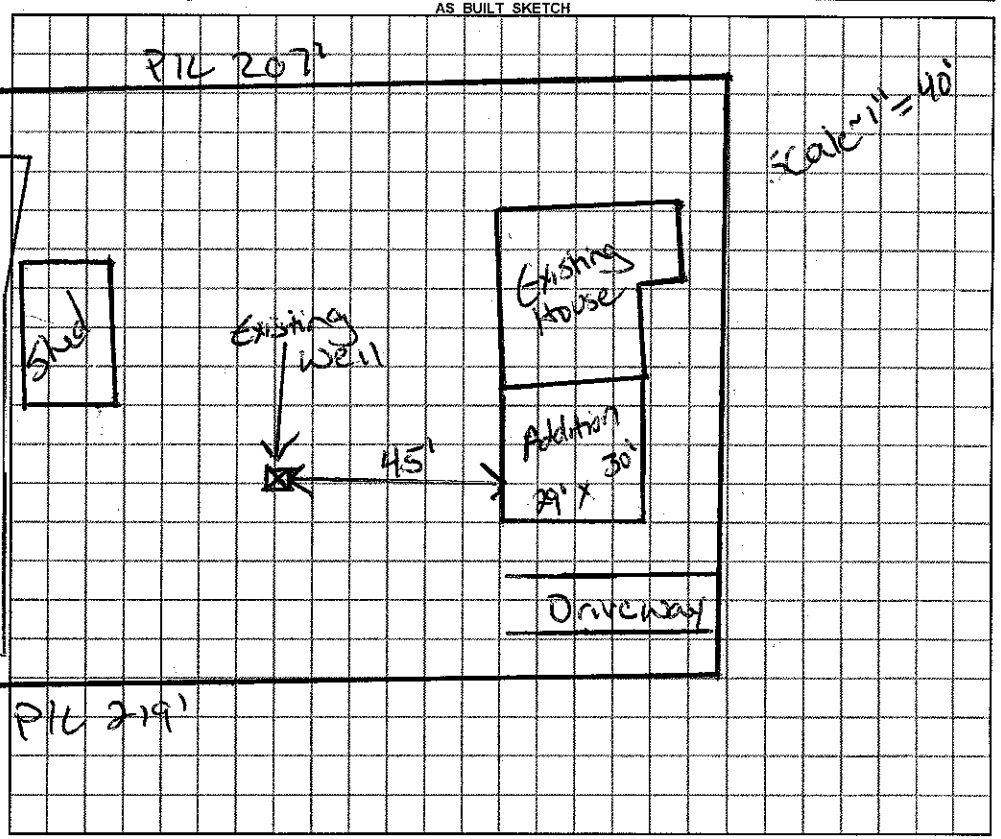
Comments / Conditions

- Addition must maintain a minimum setback to well of 25'. 2nd Bathroom must be half bath as proposed on amended floor plan submitted to LHD

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.

☐ ***IMPROVEMENT PERMIT*** *with plat valid without expiration.* ☐ ***IMPROVEMENT PERMIT*** *with ~~plat valid without expiration.~~ site plan valid 60 mo.* ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Eric Estes Date 8-1-12 Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 7-31-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant