IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 214669 BF

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

PIN # 4723476223

APPLICANT: Danette Reid APPLICANT ADDRESS: 113 Parker Lake Lp Statesville NC

SITE ADDRESS: 113 Parker Lake Lp Statesville NC PHONE: 704-902-9579 ALT. PHONE: N/A

SITE DIRECTIONS: Airport Rd off 70 T/R Parker Lake Lp @ Golf Course 2nd house on left

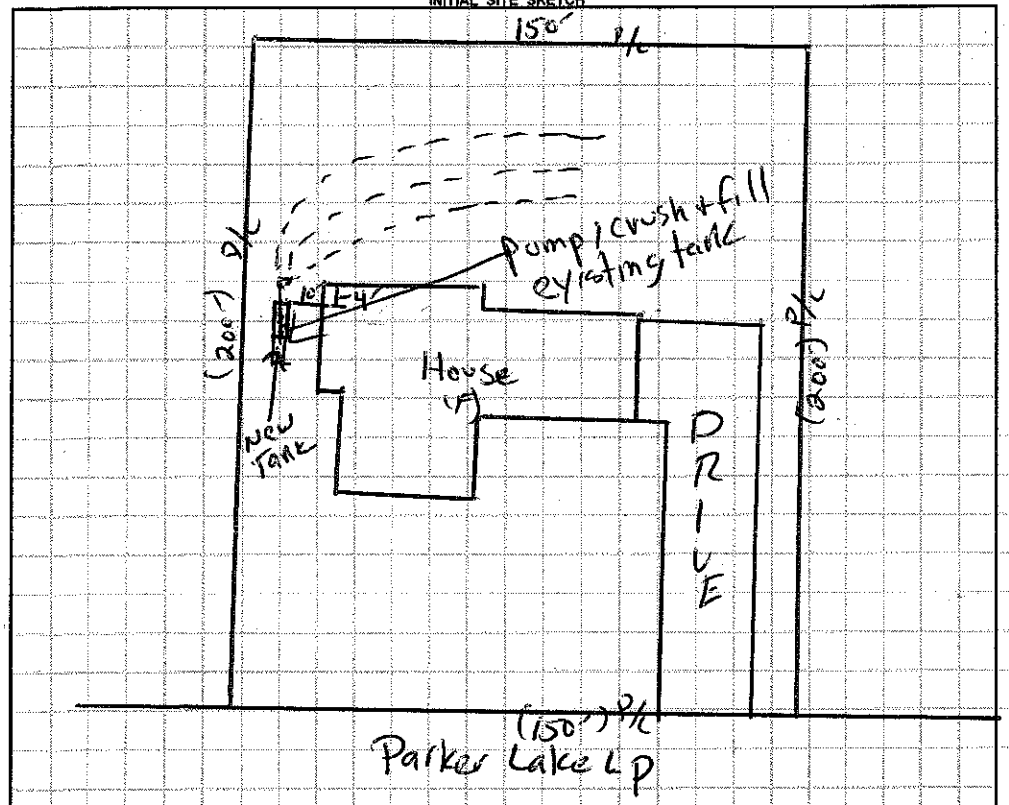
SUBDIVISION: N/A SECTION: N/A LOT # [illegible] LOT AREA: 0.69ac DESIGN FLOW: 360 L.T.A.R.: Ey

Septic Tank	1000 (gal)	STB	760	Date	12-4-14	☐ 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/A	Model	Polylok	Serial #	PL-68	Repair System Description:					
# Nitrification Fields	Ey	# Lines	Ey	Linear Ft:	Ey	Maintenance Agreement Required:	☐ YES	☒ NO			
Trench Width	Ey	Max. Trench Bottom Depth	Ey	Gravel Depth	Ey	☒ GRAVITY	☐ PRESSURE				

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees		☒ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install tank to maintain 5' off any building foundation 10' from any property line. May need riser to maintain no more than 6" of cover

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

Installed as drawn

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: Danette Reid Date: 11-6-15 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 11/05/15 OPERATION PERMIT by: [signature] Date: 02/22/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/05/15 Existing System Inspected by: Date:

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