IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

SP

PERMIT # 206762

APPLICANT: Walter Sterling

PIN # 4723717234

SITE ADDRESS: 127 Davidson Rd Statesville NC 28677

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SITE DIRECTIONS: Buffalo Shoals ½ mile of old Mtn Rd T/R Davidson Rd Lot on left

PHONE: 704-682-1957 ALT. PHONE: N/A

SUBDIVISION: James Tree

SECTION: N/A LOT # 4 LOT AREA: 1.66ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 760 Date 6-9-14

Pump Tank N/A (gal) PT N/A Date N/A

Pump Make N/A Model Poly/ok Serial # RL-69

Nitrification Fields 1 # Lines Ex Linear Ft: Ex

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

☐ 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 ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space

No. Bedrooms Ex

No. Persons Ex

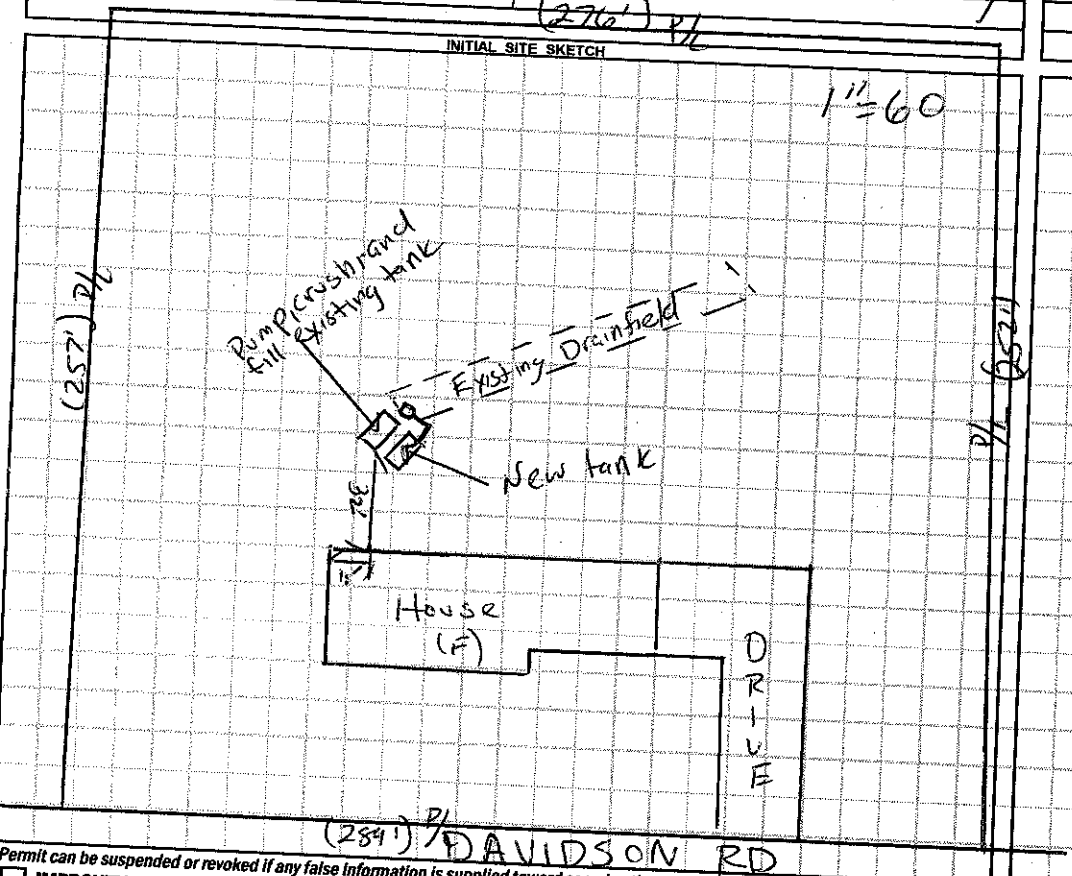
No. Employees

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Maintain maximum 6" of cover over new tank. Pump, crush & fill existing tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Walter Sterling Date: 11/6/14

IMPROVEMENT PERMIT by: David Hall Date: 11/6/14

AUTHORIZATION TO CONSTRUCT by: David Hall Date: 11/6/14

Installed by: Leon Septic

OPERATION PERMIT by: David Hall Date: 11/7/14

Existing System Inspected by: Date:

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