IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225303

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

PIN # 4723754546

APPLICANT: Rachel Dishman APPLICANT ADDRESS: 257 Bostian Lake Rd Statesville NC 28677

SITE ADDRESS: 257 Bostian Lake Rd - Statesville NC 28677 PHONE: 980-829-8813 ALT. PHONE: 704-878-0615

SITE DIRECTIONS: 70 S on Buffalo Shoals T/L2 Bostian Lake T/L2 @ Stop sign Lot on right

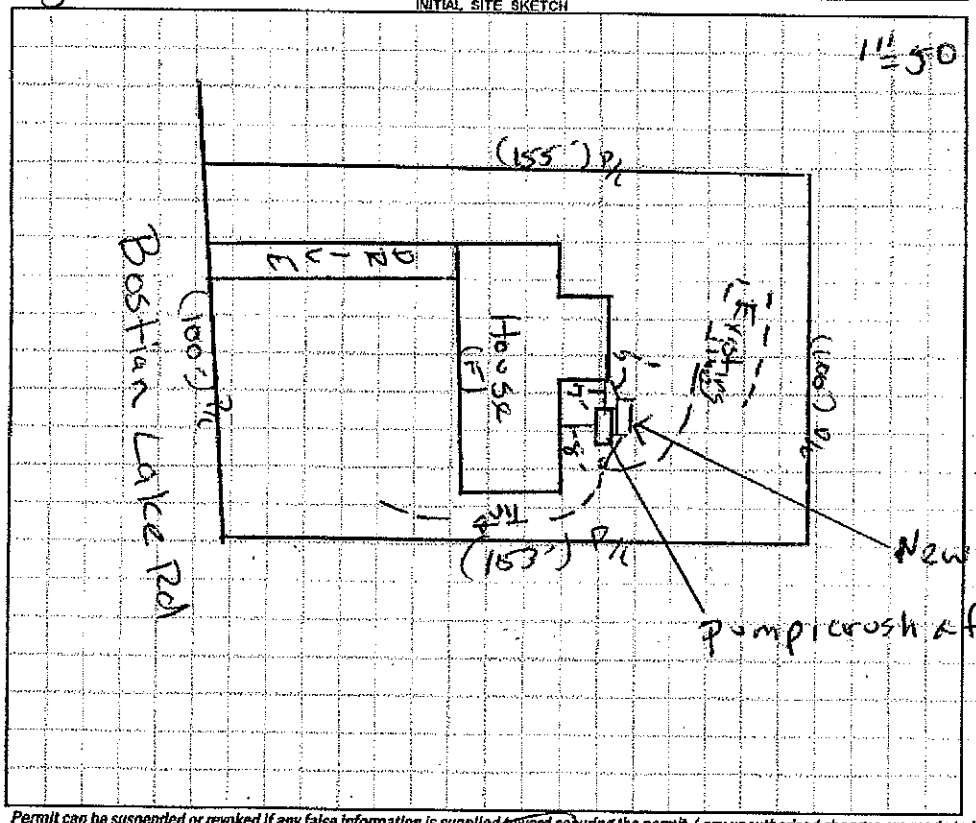
SUBDIVISION: Brittian Lumber Co SECTION: Back LOT # 4 LOT AREA: 0.35ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	160	Date	1-19-17	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:			Tank	
Pump Make			Model		Serial #		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			

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

Comments / Conditions: Pump, crush and fill existing tank maintain 5' off any building foundation. Maintain no greater than 60" of cover reuse risers

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: [signature] Date: 3/6/17 Installed by: Kevin Bowels

IMPROVEMENT PERMIT by: [signature] Date: 03/06/17 OPERATION PERMIT by: [signature] Date: 3-16-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 03/06/17 Existing System Inspected by: Date:

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