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 # 1735585 PIN # 4723760356 DATE 7-13-12

OWNER Casey Huffman APPLICANT: Jerry Mingus PHONE: Home/Cell # 803-303-8475 Business # N/A

SITE ADDRESS 191 Delight Loop Statesville OWNER / APPLICANT ADDRESS 450 B to S Ln. Hickory

SITE DIRECTIONS Buffalo Shoals TR on Airport Rd. TL Parkers Lake TL Delight Loop

SUBDIVISION Lakewood Estates BLOCK / SECTION 53 LOT # 68 LOT AREA 0.47 acres DESIGN FLOW 360gpd. L.T.A.R. Existing

Septic Tank 1000 Gallons: STB 1012 Date 6-17-96
Pump Tank ____ Gallons: P T ____ Date ____
Pump Make ____ Model ____ Serial # ____
No. Nitrification Fields: 1 No. Lines 4 Linear Feet 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI
System Description: 25% Reduction - gravity
Repair System Description: ____
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

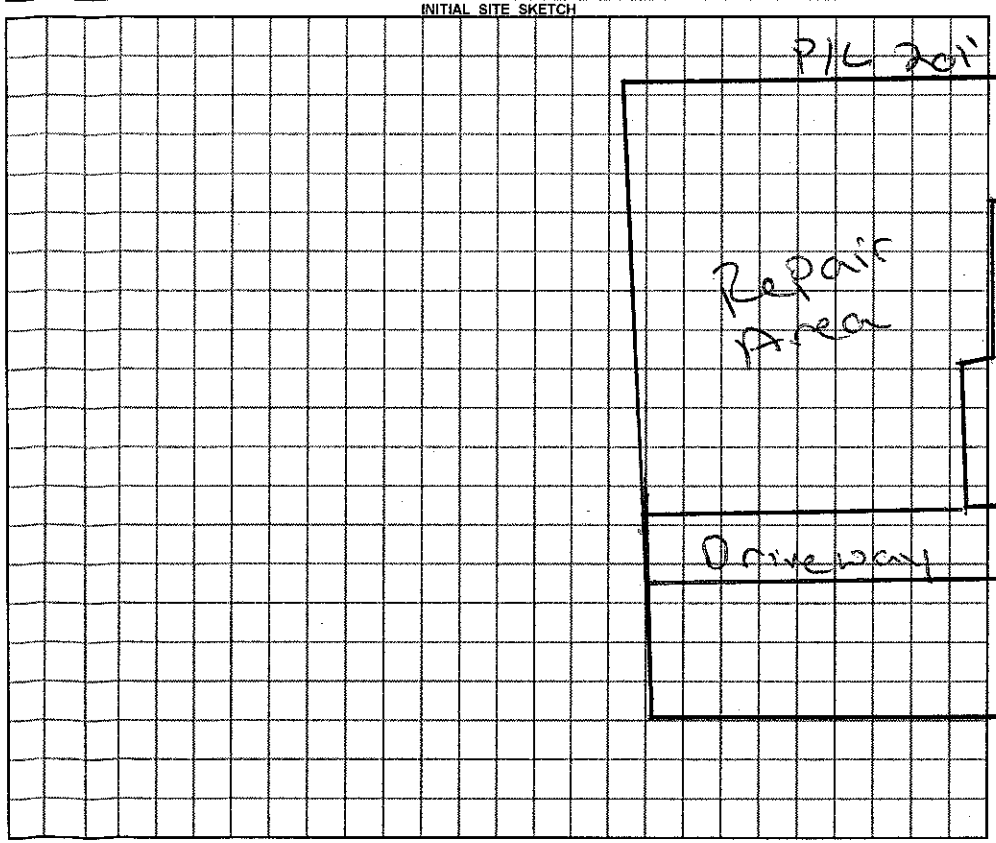
☑ Residence No. Bedrooms 3
☐ Business No. Persons ____
☑ Other Deck No. Employees ____
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

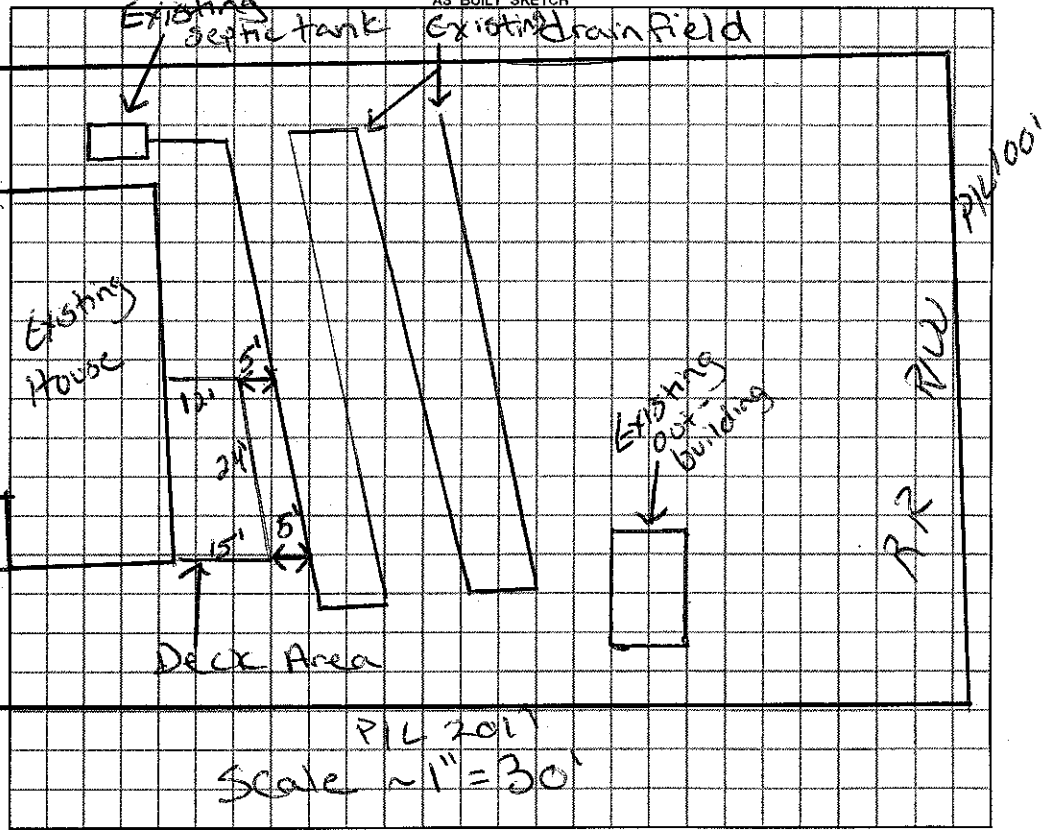
Comments / Conditions

Deck area is a minimum of 5' from all components of septic tank system

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: ____ Date ____ Installed by: ____

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

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Hendrix ***REHS*** Date 7-13-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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