IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225022

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

PIN # 4723-81-0314

APPLICANT: Dixon Rhoads APPLICANT ADDRESS: 2316 Beauty St. Statesville, NC

SITE ADDRESS: 223 Deerfield Lane Statesville, NC 28677 PHONE: 704-450-7716 ALT. PHONE:

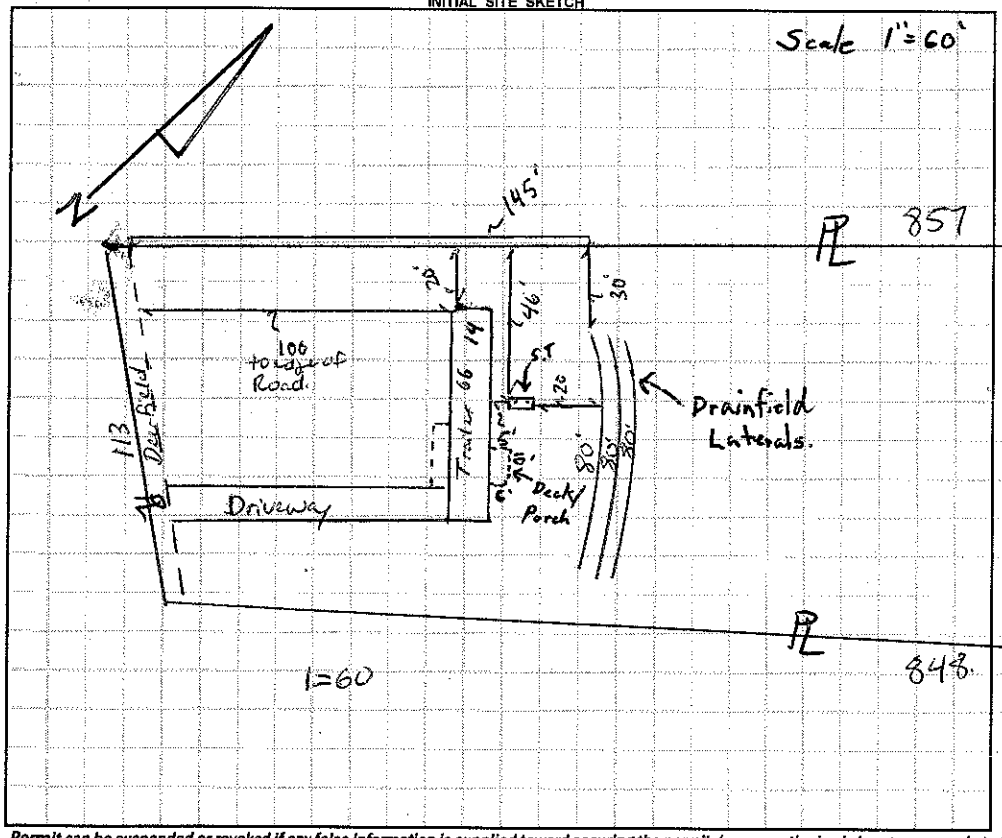
SITE DIRECTIONS: Buffalo Shoals Rd W → R on Old Airport Rd → R on Deerfield Lane (bumpy) → House on left

SUBDIVISION: Deerfield Estates SECTION: LOT # 18 LOT AREA: 2.659 acres DESIGN FLOW: 240 GPD L.T.A.R.: —

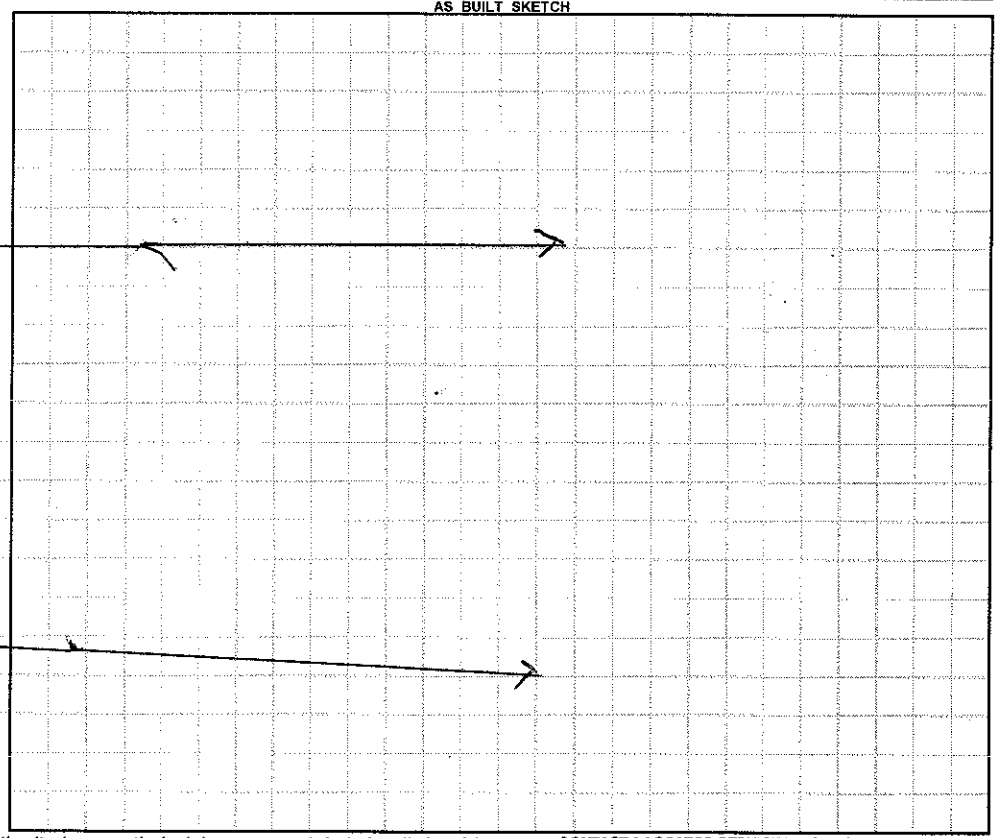
Septic Tank	Ex	(gal)	STB	Ex	Date	Ex	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing			☐ Business	No. Persons	4	☐ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	—			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	Ex	Max. Trench Bottom Depth	Ex		Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Recommend pumping septic tank every 3-5 years. Strongly recommend keeping house as far away from septic tank as possible. As original system was installed 7-27-84, conservative water usage is strongly recommended.

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: Dixon Lee Rhoads Date: 3-16-17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 3/10/17

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