IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22265 1

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

PIN # 4724243708

APPLICANT: Anthony McClain APPLICANT ADDRESS: 209 Sandtrap Dr

SITE ADDRESS: 135 Bent Twig Dr Statesville NC PHONE: 704-872-3857 ALT. PHONE: 704-902-6712

SITE DIRECTIONS: Westminster Dr to Brandy Ln T/R Bent Twig 1st house on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.01 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 760 Date 10-8
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: [redacted]282
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
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

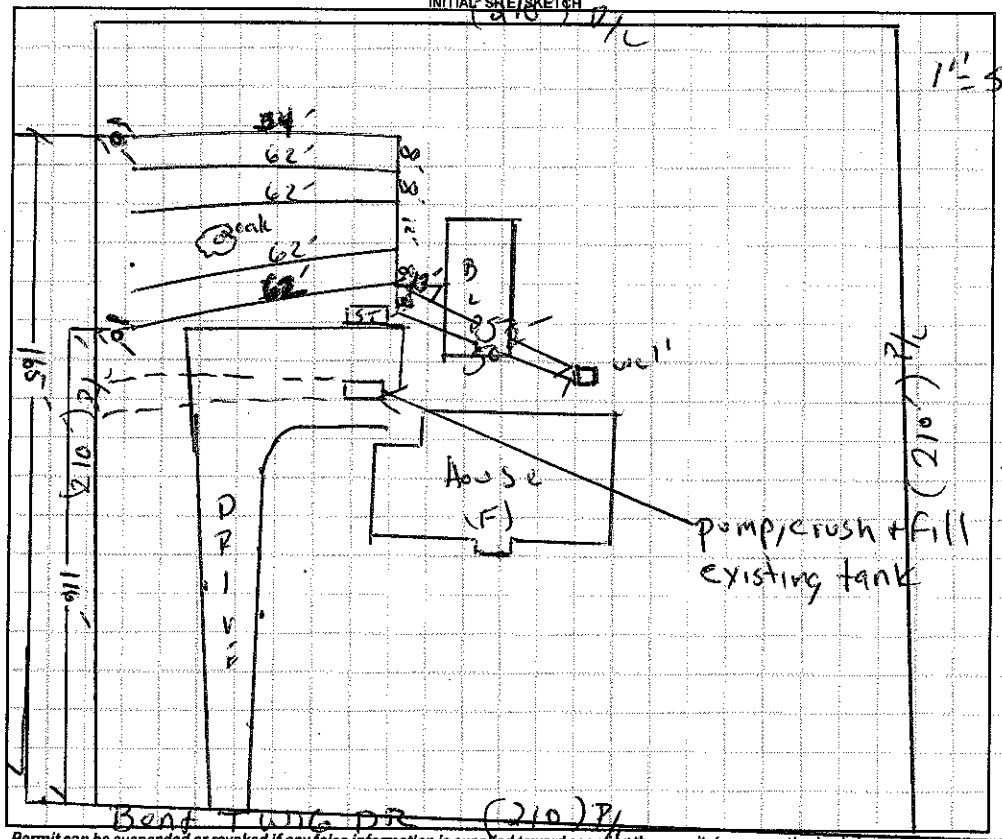
☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution. Pump, Crush + Fill existing tank

285' INSTALLED

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: David Q. McClain Date: 11/4/16 Installed by: LENTZ

IMPROVEMENT PERMIT by: [signature] Date: 11/3/16 OPERATION PERMIT by: [signature] Date: 12-14-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/3/16 Existing System Inspected by: Date:

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