IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213622

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

PIN # 4724763028

APPLICANT: Dennis Deal APPLICANT ADDRESS: 576 Snow Creek Rd Statesville NC 28625

SITE ADDRESS: 506 Central Dr Statesville NC PHONE: 704-902-3478 ALT. PHONE: N/A

SITE DIRECTIONS: Front St T/C Bristol Dr T/C Greencrest Lot on corner of Greencrest and Central Dr

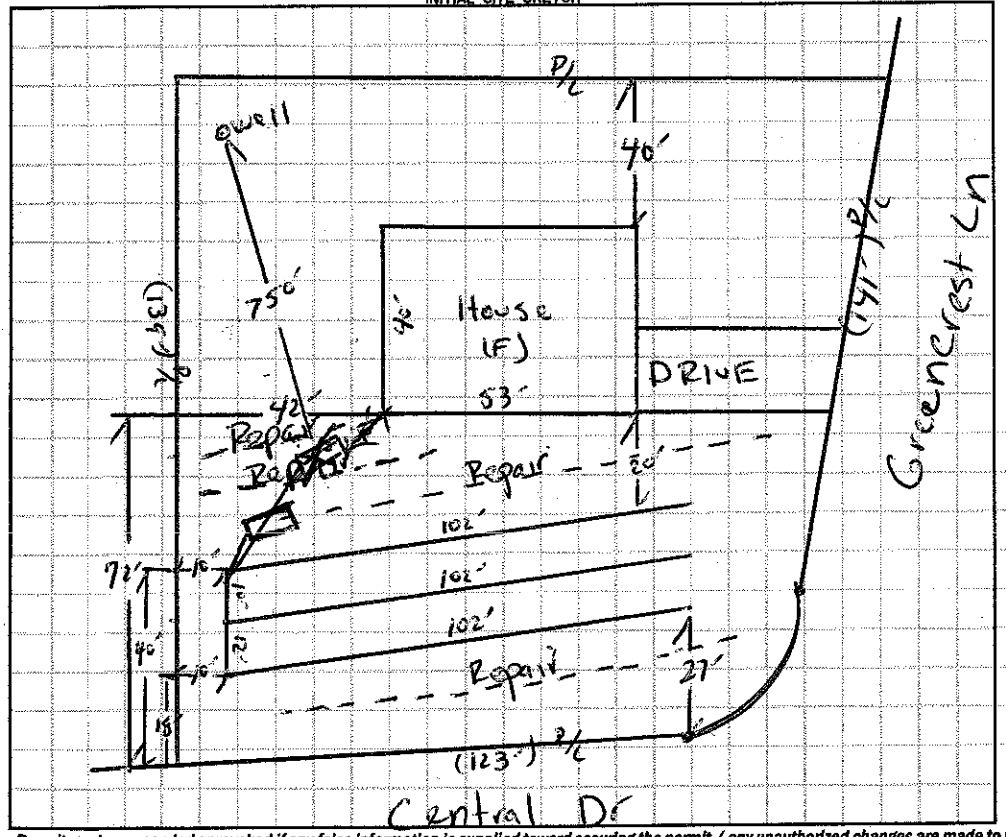
SUBDIVISION: Greencrest SECTION: N/A LOT # 20 LOT AREA: 0.456 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	10-18-15	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			[ ] Business	No. Persons 6
Pump Make	N/A	Model	Tuff Tite	Serial #	ETU	Repair System Description:	50% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

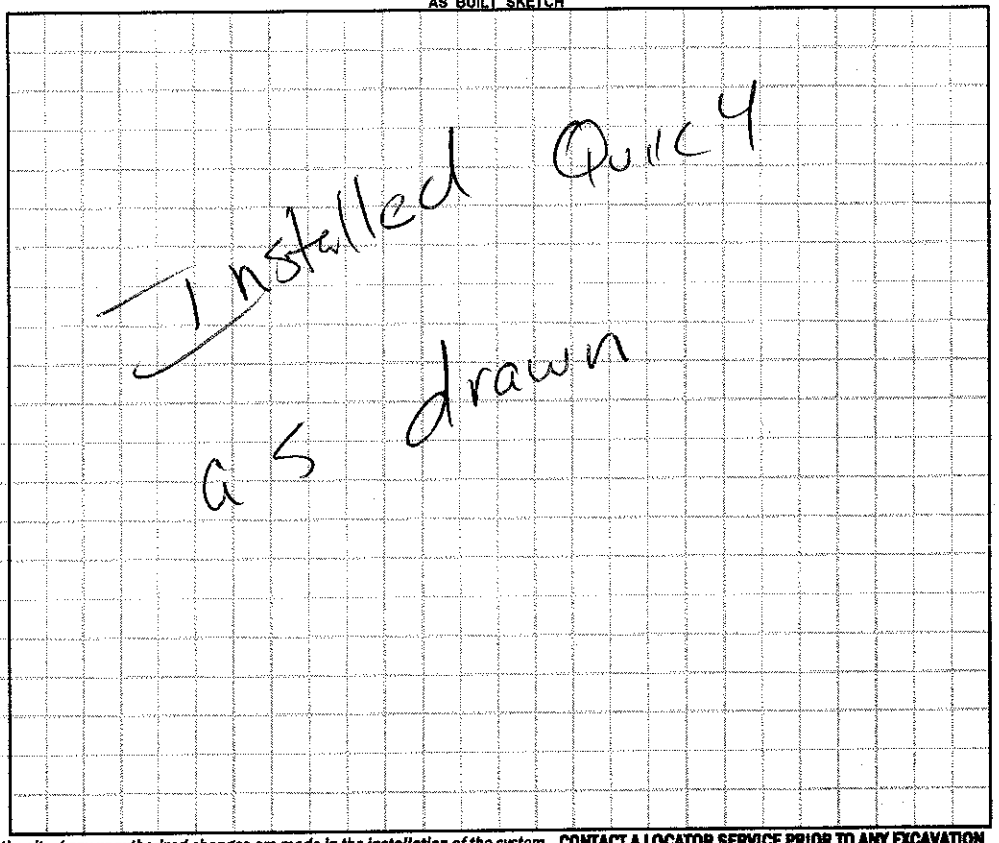
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution.

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Dennis Deal Date: 11-13-15 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Date: 11/12/15 OPERATION PERMIT by: Date: 03/17/16

AUTHORIZATION TO CONSTRUCT by: Date: 11/12/15 Existing System Inspected by: Date:

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