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IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21648

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

PIN # 4725-25-1228.000 3547

APPLICANT: DAVID TEMPLETON APPLICANT ADDRESS: 3547 TAYLORSVILLE HWY STATESVILLE NC

SITE ADDRESS: 3547 TAYLORSVILLE HWY STATESVILLE NC 28625 PHONE: 704-310-8469 ALT. PHONE: —

SITE DIRECTIONS: I 40 TO HWY 64/90. TR, BEAR RIGHT ON TAYLORSVILLE HWY, SITE ON L

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .680 ACRE DESIGN FLOW: EXISTING L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EX. # Lines EXISTING Linear Ft: EX.
Trench Width EXISTING Max. Trench Bottom Depth EXISTING Gravel Depth EXISTING

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: EXISTING CONVENTIONAL-GRAVITY
Repair System Description: EXEMPT
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

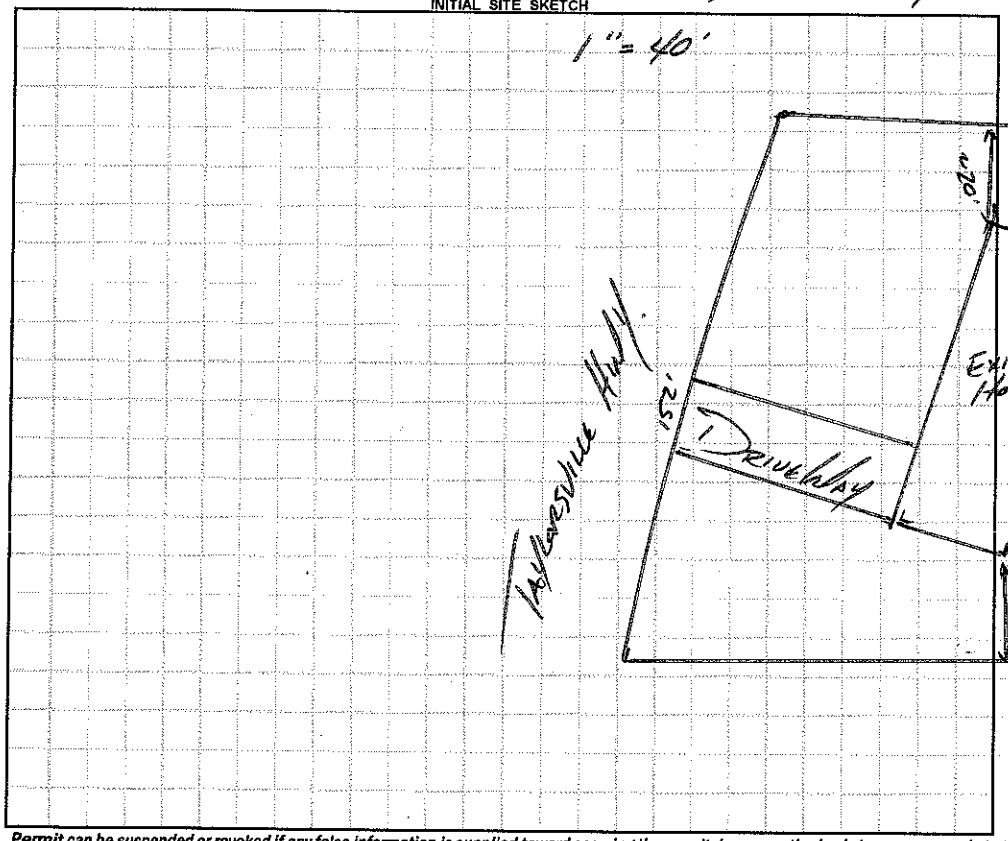
Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: EXISTING SYSTEM APPEARED TO BE FUNCTIONING @ TIME OF INSPECTION. MAINTAIN AT LEAST 5' FROM EXISTING SEPTIC SYSTEM THAT IS IN USE FOR 3542 TAYLORSVILLE HWY.

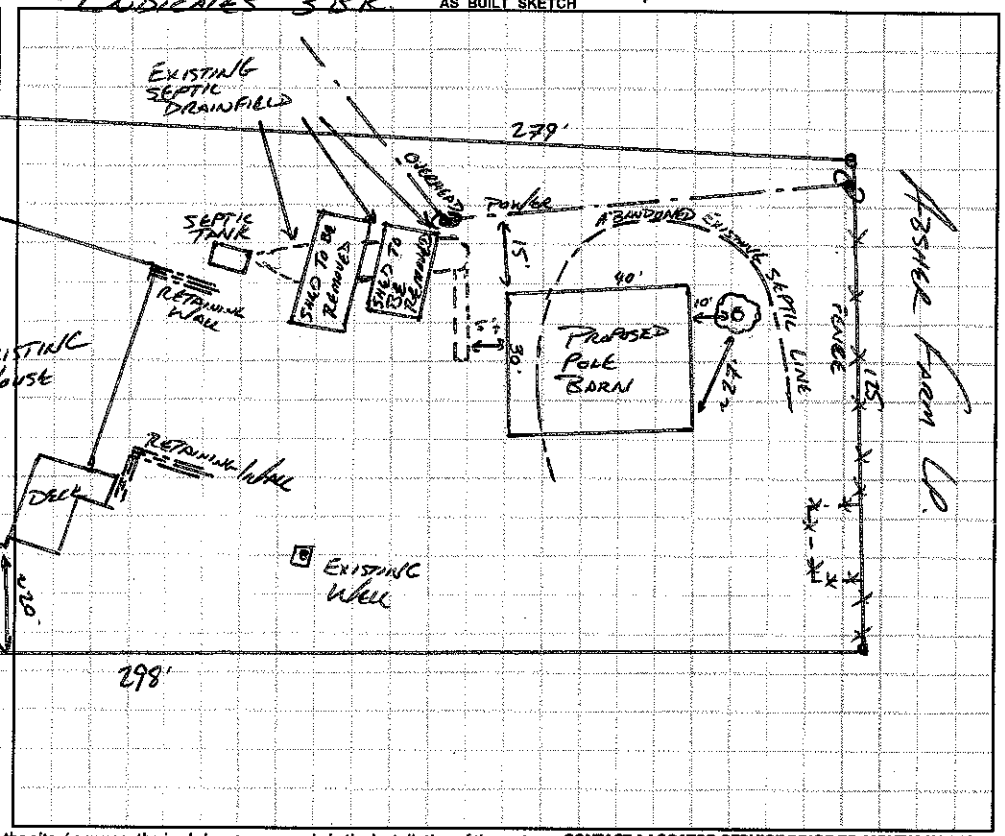
SEPTIC SYSTEM FOR TRAILER ON LOT PRIOR (ENTRANCE FROM ASSHER FARM) HAS BEEN ABANDONED. TANK FOR SYSTEM APPEARS TO HAVE BEEN CRUSHED & FILLED. *NO PERMIT ON FILE FOR THIS SYSTEM. PRC

* INDICATES 3 BR.

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: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] APPROVED FEB 22 2016

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