IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BF 218462

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

PIN # 4725 31 1456

APPLICANT: Denton E. Moore APPLICANT ADDRESS: 169 Marble Rd Statesville NC 28625

SITE ADDRESS: 169 Marble Rd Statesville NC 28625 PHONE: 704-873-8726 ALT. PHONE: 704-437-3652

SITE DIRECTIONS: Taylorsville Rd T/L Marble Rd Lot on left

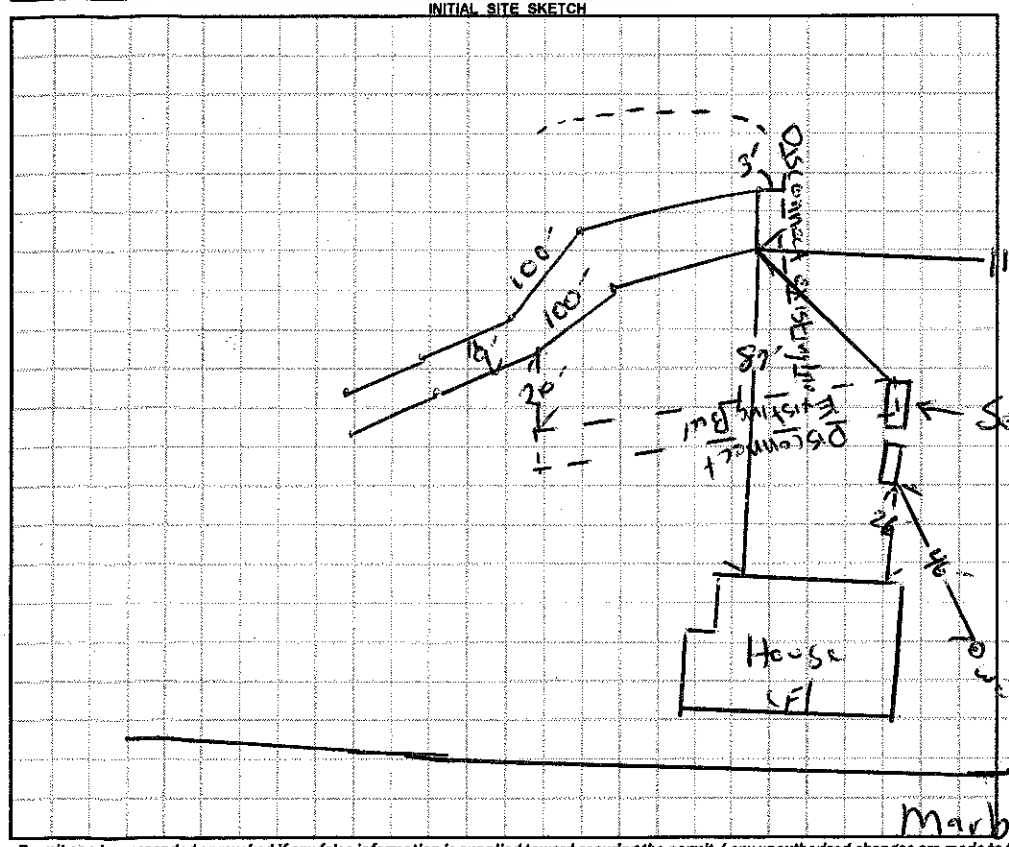
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 12.755ac DESIGN FLOW: 240 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	1-29-16	☐ New System	☒ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:			25% Reduction	☐ Business	No. Persons 4
Pump Make	N/A	Model	Poly Flow	Serial #	PL-68	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	200	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

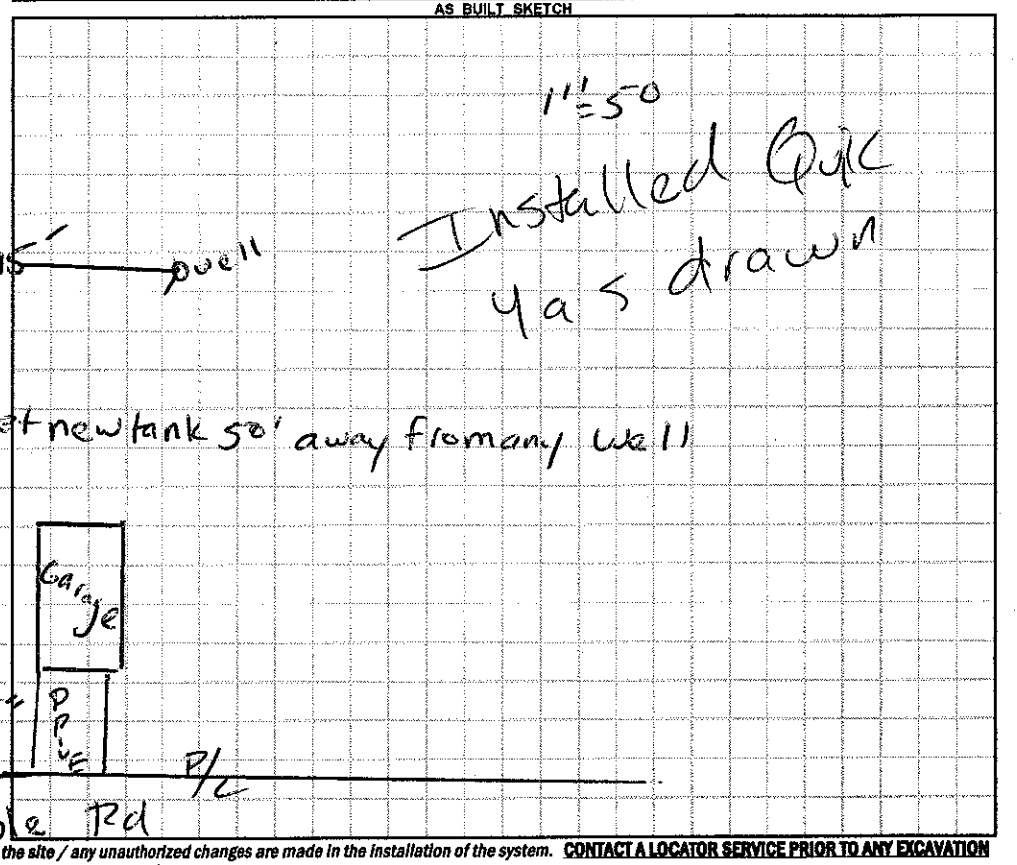
Water Supply: ☐ Private ☐ Public ☐ Community

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.* ☒ **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: Denton E. Moore Date: 5/04/16 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 05/04/16 OPERATION PERMIT by: Date: 05/16/16

AUTHORIZATION TO CONSTRUCT by: Date: 05/04/16 Existing System Inspected by: Date:

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