IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211678

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

PIN # 4725331377

APPLICANT: Bradley Jenkins APPLICANT ADDRESS: 126 Butterfield Cir Statesville NC

SITE ADDRESS: 126 Butterfield Cir Statesville NC PHONE: 704-902-9051 ALT. PHONE: N/A

SITE DIRECTIONS: 40 to 69-90 Follow 90 Go 1/4 mile to L on Butterfield Cir house on right

SUBDIVISION: West Monticello SECTION: N/A LOT # 33 LOT AREA: 0.36ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 1012 Date 1-23-15
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Pumpsafe Serial # EF-4
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

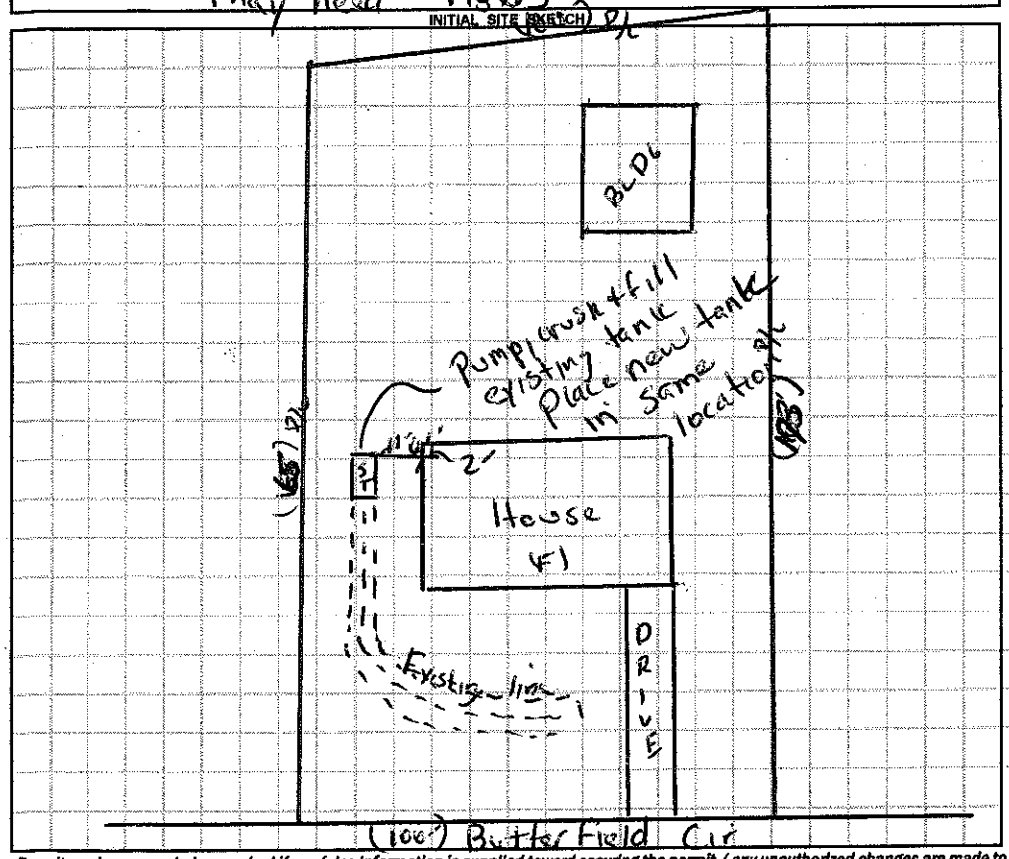
☐ New System ☑ Repair ☐ Expansion System Type: I ☒ II III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

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

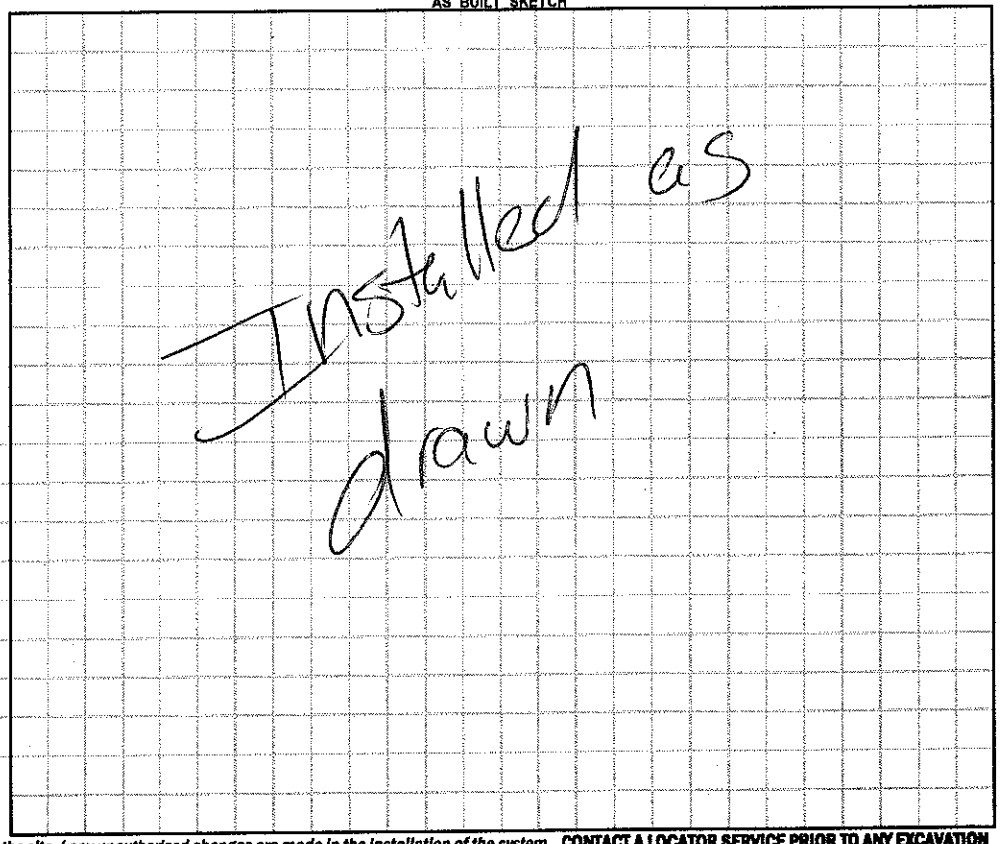
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush + Fill existing tank
Place new tank in same location
maintain no greater than 6" of cover
May need risers

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: 6/1/15 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: [signature] Date: 07/01/15 OPERATION PERMIT by: [signature] Date: 07/27/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 07/01/15 Existing System Inspected by: Date:

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