IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209990

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

PIN # 4725659217

APPLICANT: Terry Skerpan APPLICANT ADDRESS: 1004 Southwest Dr Davidson NC

SITE ADDRESS: 115 Oriole Ct Statesville NC PHONE: 704-224-1440 ALT. PHONE: 704-252-4108

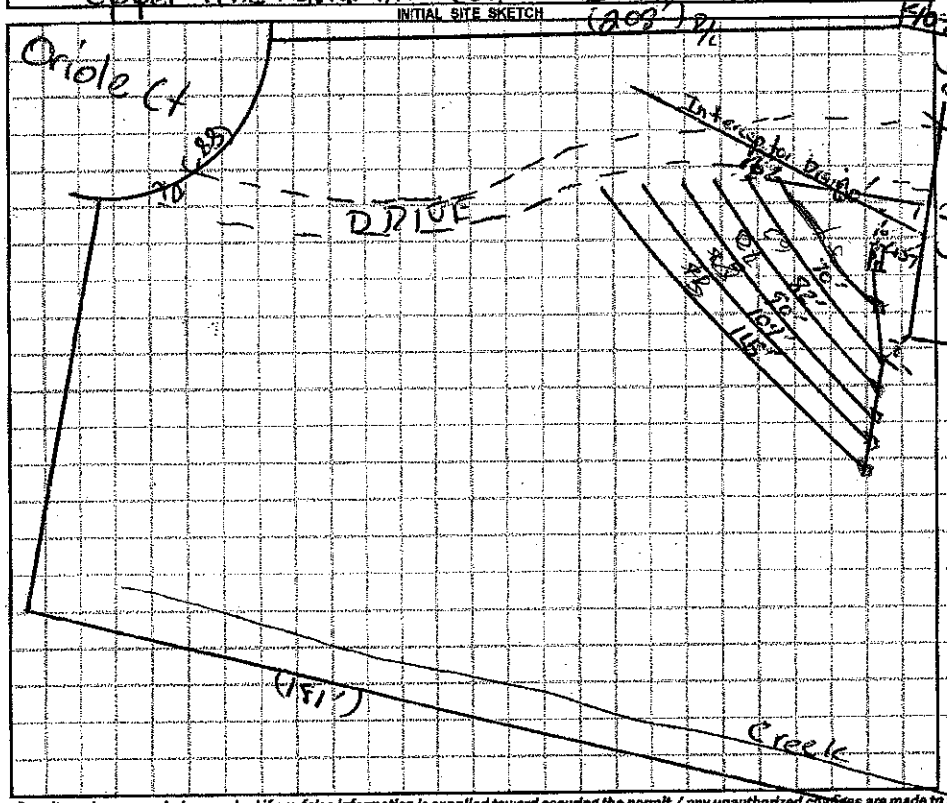
SITE DIRECTIONS: 115 N T/L Old Wilkesboro T/L Bradley Farm T/L Monticello T/L Meadowlark T/L Oriole Ct

SUBDIVISION: Audubon Acres SECTION: #/A LOT # 30 LOT AREA: 3.656ac DESIGN FLOW: 360 L.T.A.R.: 0.2

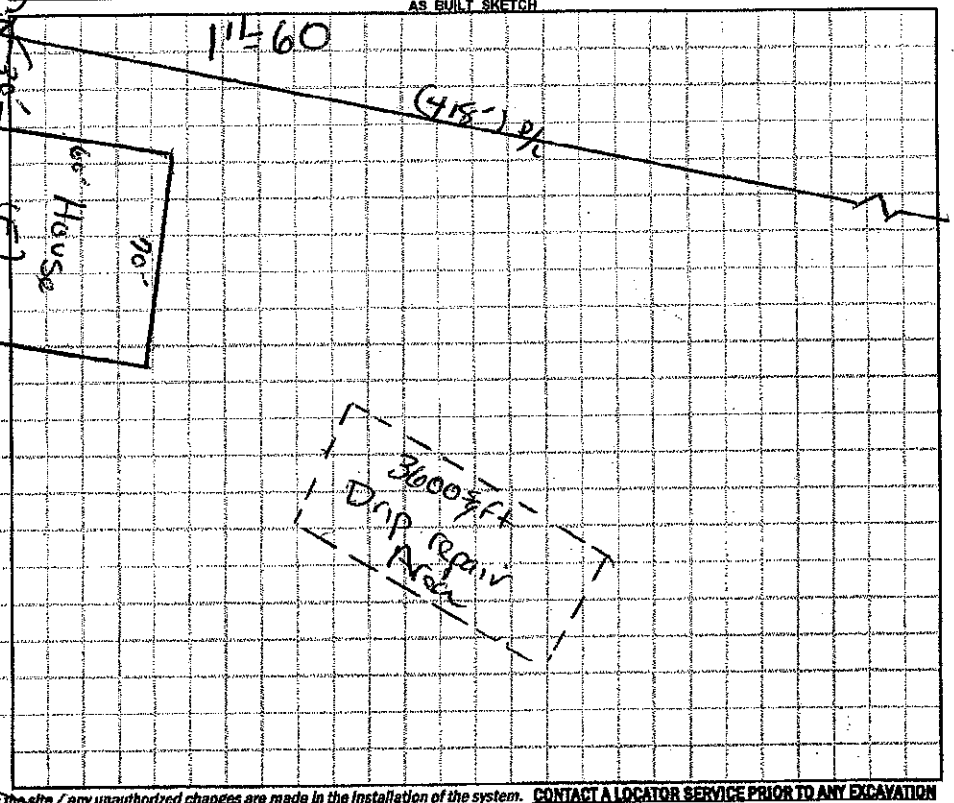
Septic Tank	1000 (gal)	STB	891	Date	7/20/16	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction EZ-24 FLS			[ ] Business	No. Persons 10	[ ] Private
Pump Make	Model			Serial #		Repair System Description:	Drip			[ ] Other	No. Employees	[X] Public
# Nitrification Fields	1 # Lines	5		Linear Ft:	450	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	36" Max. Trench Bottom Depth	24" Highside		Gravel Depth	#/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on Contour with serial distribution. Install Interceptor drain 5' deep @ 10' above upper line maintain contour. Install with fall to daylight other side of left side of drive

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: Date: 12-10-2015 Installed by: Date: 9/14/16

IMPROVEMENT PERMIT by: Date: 12/8/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 12/10/15 Existing System Inspected by: Date:

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