no zoning copy

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208403

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

PIN # 4725670379

APPLICANT: James + Martha Elmore APPLICANT ADDRESS: 239 miller Farm Rd Statesville NC 28625

SITE ADDRESS: 239 miller Farm Rd Statesville NC 28625 PHONE: 704-873-9708 ALT. PHONE: N/A

SITE DIRECTIONS: 901 to monticello Dr to miller Farm Rd House on left

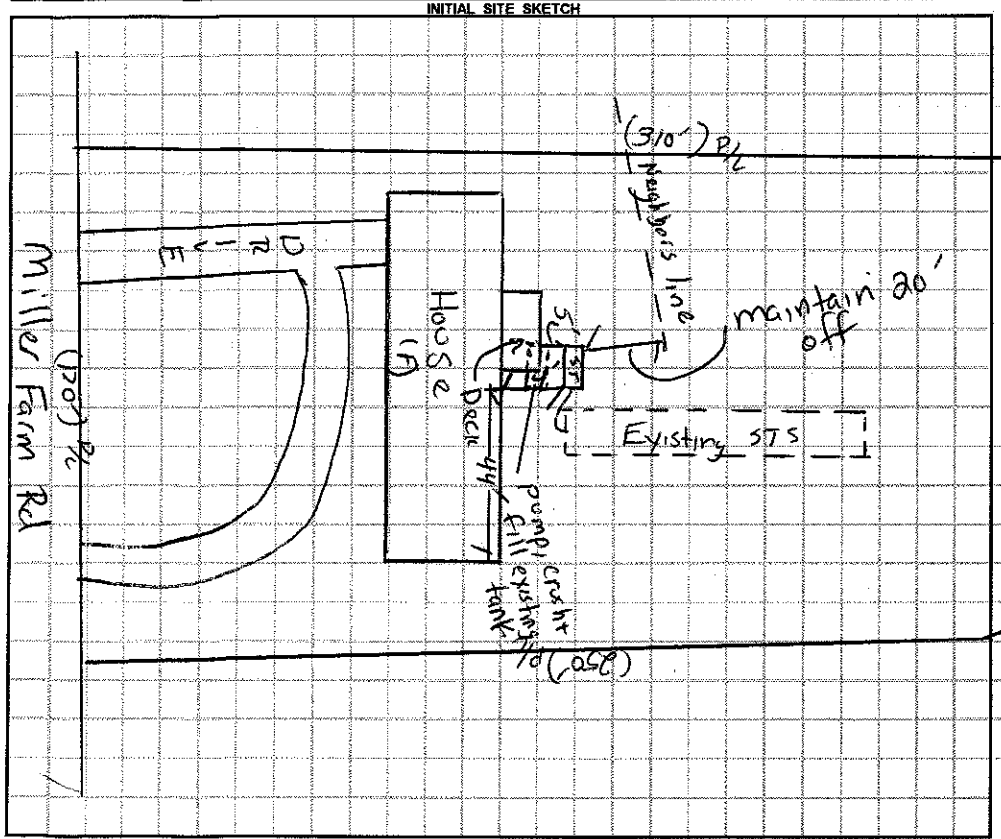
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: .85ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	1-11-15	☐ New System	☒ Repair	☐ Expansion	System Type: I / II / III IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	Tank		
Pump Make	N/A	Model	Polylok	Serial #	PL-68	Repair System Description:			
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☑ GRAVITY	☐ PRESSURE	

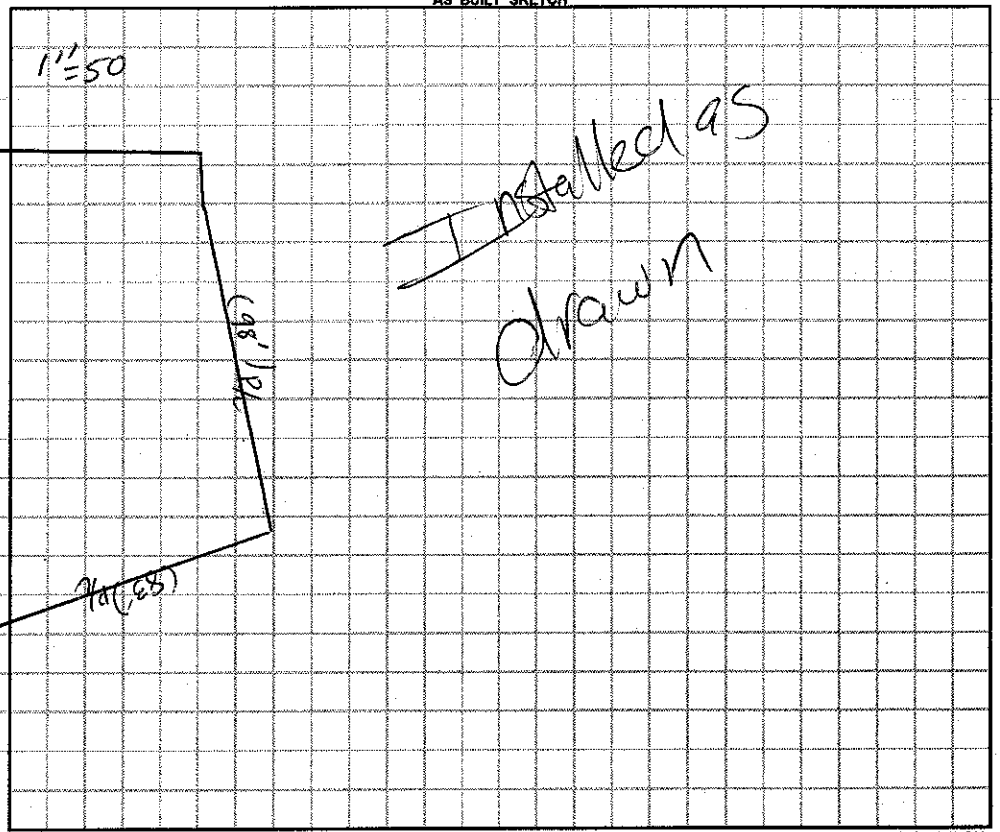
☑ Residence	No. Bedrooms	Ex	Water Supply
☐ Business	No. Persons	Ex	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Maintain 5' off deck and 20' off neighbors tail line. Pump, crush + fill existing tank.

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: James M. Elmore Date: 2/19/15 Installed by: Lentz Septic

IMPROVEMENT PERMIT by: Date: 02/16/15 OPERATION PERMIT by: Date: 03/24/15

AUTHORIZATION TO CONSTRUCT by: Date: 02/16/15 Existing System Inspected by: Date:

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