IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213944

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

PIN # 4725966509

APPLICANT: Ross W. Warren APPLICANT ADDRESS: 113 Flatrock Ln Statesville NC

SITE ADDRESS: 113 Flatrock Ln Statesville NC PHONE: 704-872-3634 ALT. PHONE: 704-451-9712

SITE DIRECTIONS: 115 N T/L old Wilkesboro T/L Flatrock 1st house on left

SUBDIVISION: Lone Pine Hts SECTION: N/A LOT # 7-12 LOT AREA: 1.27ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 1012 Date 9-2-15
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Jetflite Serial # EF4
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

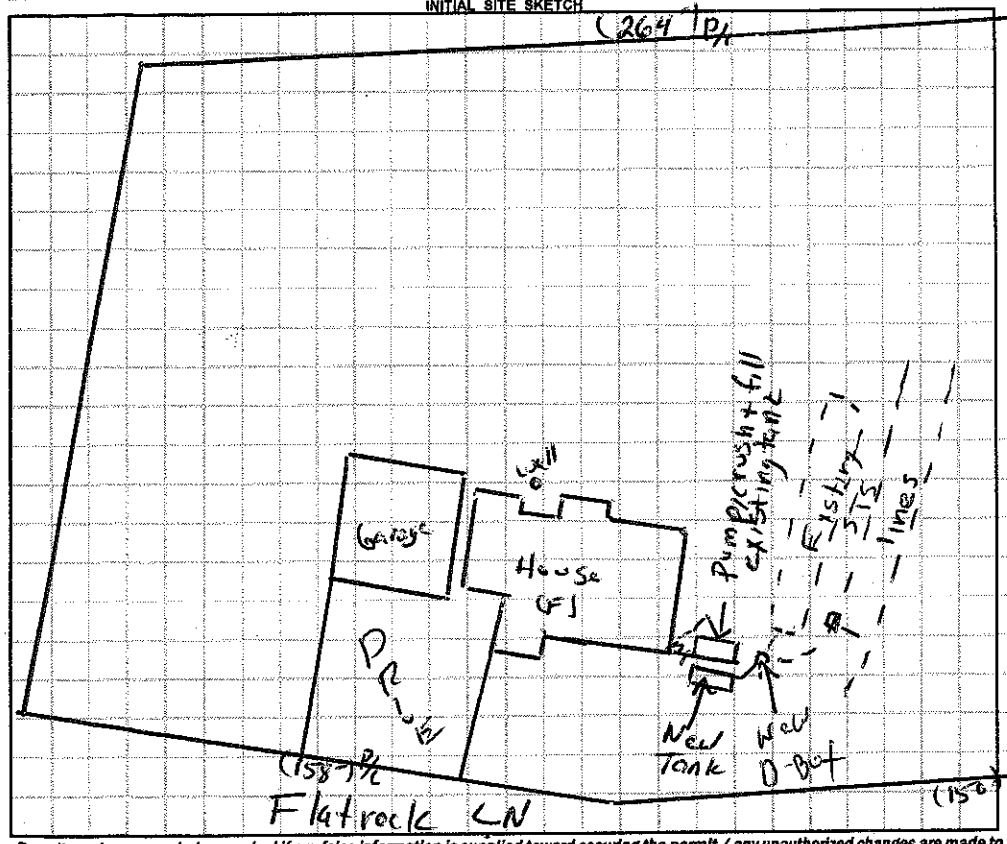
☐ New System ☒ Repair ☐ Expansion System Type: I ☒ II ☐ III ☐ IV ☐ V ☐ VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

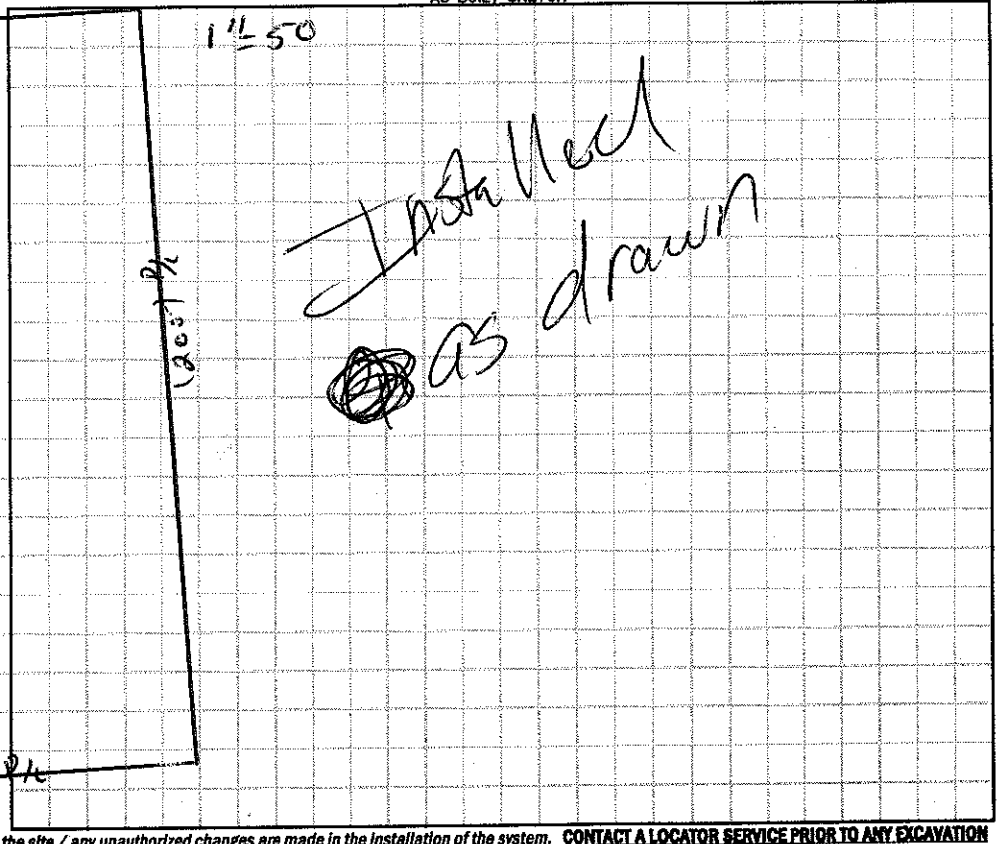
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 5' off any building foundation. Maintain 50' off any well may need risers to maintain no more than 6" of cover.

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: Date: 10/9/15 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 10/06/15 OPERATION PERMIT by: Date: 03/22/16

AUTHORIZATION TO CONSTRUCT by: Date: 10/06/15 Existing System Inspected by: Date:

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