BF

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209727

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

PIN # 4726026279

APPLICANT: Debra K Barr APPLICANT ADDRESS: 116 Nathaniel Gracie Dr Statesville NC

SITE ADDRESS: 116 Nathaniel Gracie Dr Statesville NC PHONE: 828-446-3447 ALT. PHONE: N/A

SITE DIRECTIONS: I-15 N T/L Scotts Creek T/L Celtic Ridge T/L Nathaniel Gracie Lot on right

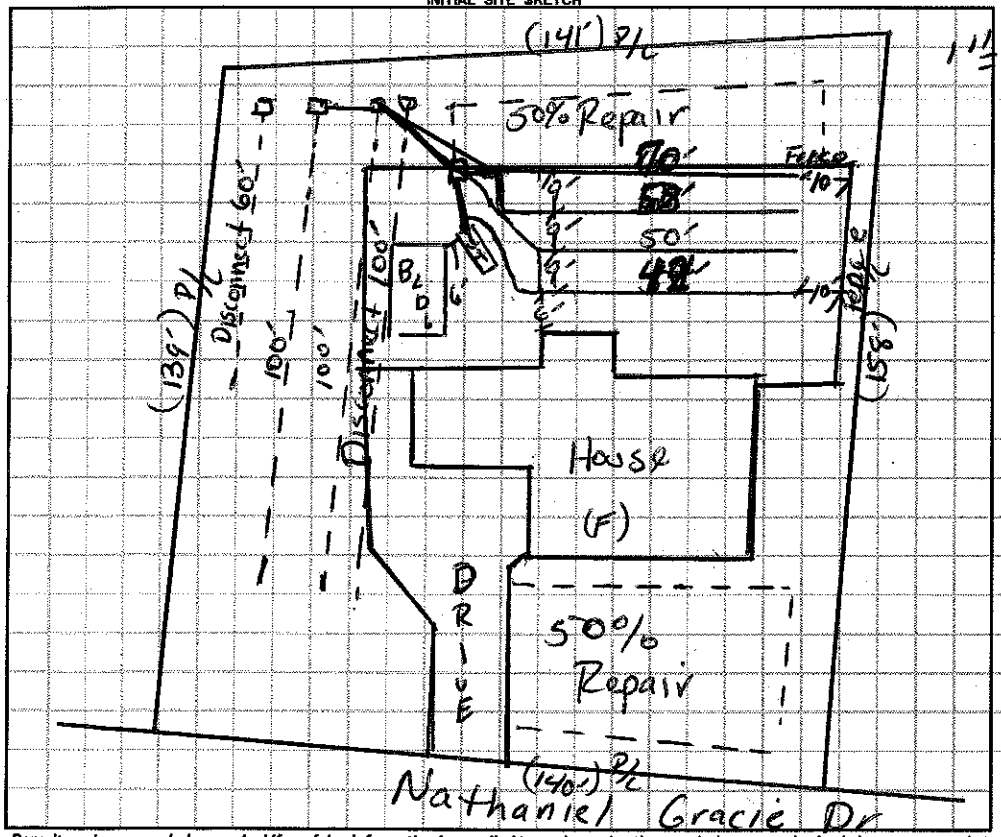
SUBDIVISION: Celtic Ridge SECTION: N/A LOT # 20 LOT AREA: 0.478ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	Existing (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction	☐ Business	No. Persons	6	☐ Private
Pump Make		Model	Serial #	Repair System Description:	50% Reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4 New Linear Ft: 220	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	48"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution. Disconnect First 100' line and last 60' line *Minimum trench depth 48" *

The purpose of this permit is to relocate existing lines without reduction. Check tank, check tee, replace if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'

Installed Quick 4 as drawn

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: Debra K Barr Date: Installed by: 1st Choice Septic

IMPROVEMENT PERMIT by: Date: 05/12/15 OPERATION PERMIT by: Date: 06/09/15

AUTHORIZATION TO CONSTRUCT by: Date: 05/12/15 Existing System Inspected by: Date:

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