IREDELL COUNTY HEALTH DEPARTMENT — Statesville Office — 11:30 2262234

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

PIN # 4726-52-4057

APPLICANT: Debbie Burgess — APPLICANT ADDRESS: 520 Sullivan Rd. Statesville, NC 28677

SITE ADDRESS: 212 Doe Trail Ln. Statesville, NC — PHONE: 704-450-3852 — ALT. PHONE:

SITE DIRECTIONS: Taylorsville Highway W from Statesville → R on Monticello Rd → L on Miller Farm → L on Doe Trail Ln → House on Right

SUBDIVISION: Deercroft at Granville Grant — SECTION: II — LOT # 80 — LOT AREA: 110' x 200' — DESIGN FLOW: 360 GPD — L.T.A.R.: —

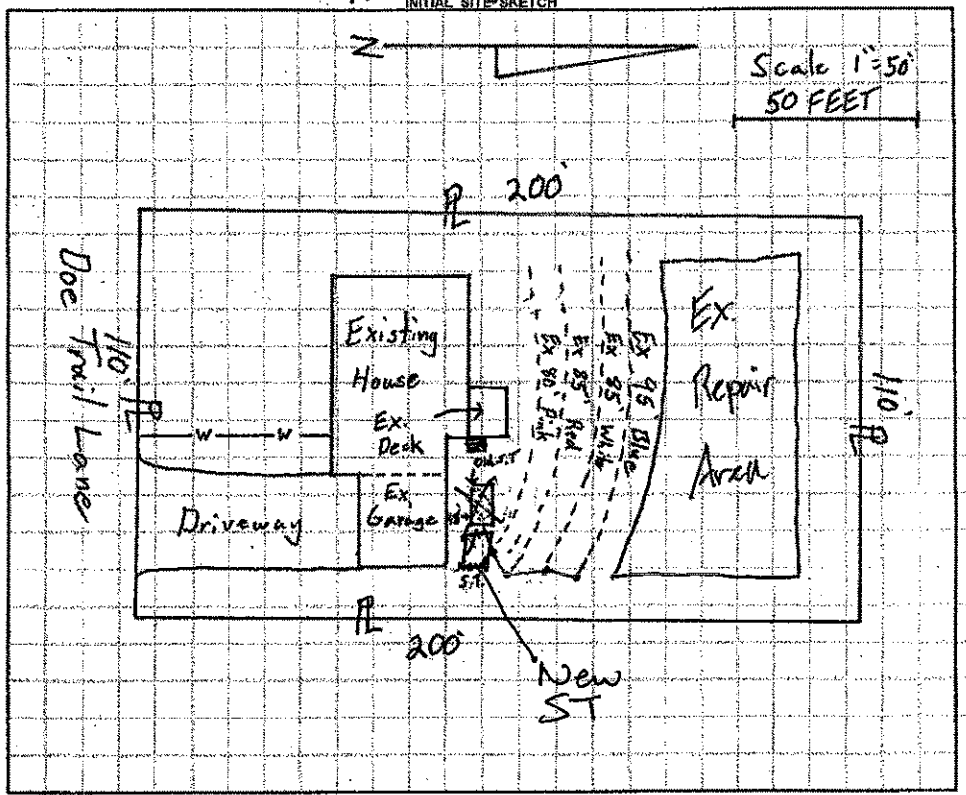
Septic Tank	1000 (gal)	STB	760	Date	2-27-17	☐ New System ☒ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Crush old tank + replace w/New as requested	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Existing - Conv. Pump	☐ Other	No. Employees —
# Nitrification Fields	1-Ex	# Lines	4-Ex	Linear Ft:	345-Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"Ex	Max. Trench Bottom Depth	36"Ex	Gravel Depth	24"Ex	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: This permit is for a septic tank replacement. Existing tank shall be pumped, limed and either 1) Crushed in place or 2) Hauled away + disposed of accordingly. New tank to be installed approximately in location of old tank.

Recommend pumping tank every 3-5 years. As the old tank was only 5' from the house, it is recommended that the new tank be relocated several feet further away however NOT impact the first drainfield lateral.

INITIAL SITE SKETCH



AS BUILT SKETCH

Dist. box on lot line, drop boxes on other lines.

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: Debbie Burgess — Date: 4/20/17 — Installed by: Lentz Waste Water

IMPROVEMENT PERMIT by: Tom Shuck — Date: 4/20/2017 — OPERATION PERMIT by: Maria Dotson — Date: 4/26/17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck — Date: 4/20/2017 — Existing System Inspected by: — Date:

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