IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212343

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

PIN # 4726602969

APPLICANT: Lonnie Cotton II APPLICANT ADDRESS: 149 Ridgeview Rd Statesville NC 28625

SITE ADDRESS: 149 Ridgeview Rd Statesville NC 28625 PHONE: 704-872-8169 ALT. PHONE: 704-902-7101

SITE DIRECTIONS: 115 N T/L Scotts Creek T/L Miller Farm T/R Antes Dr T/L Redbud T/L Ridgeview

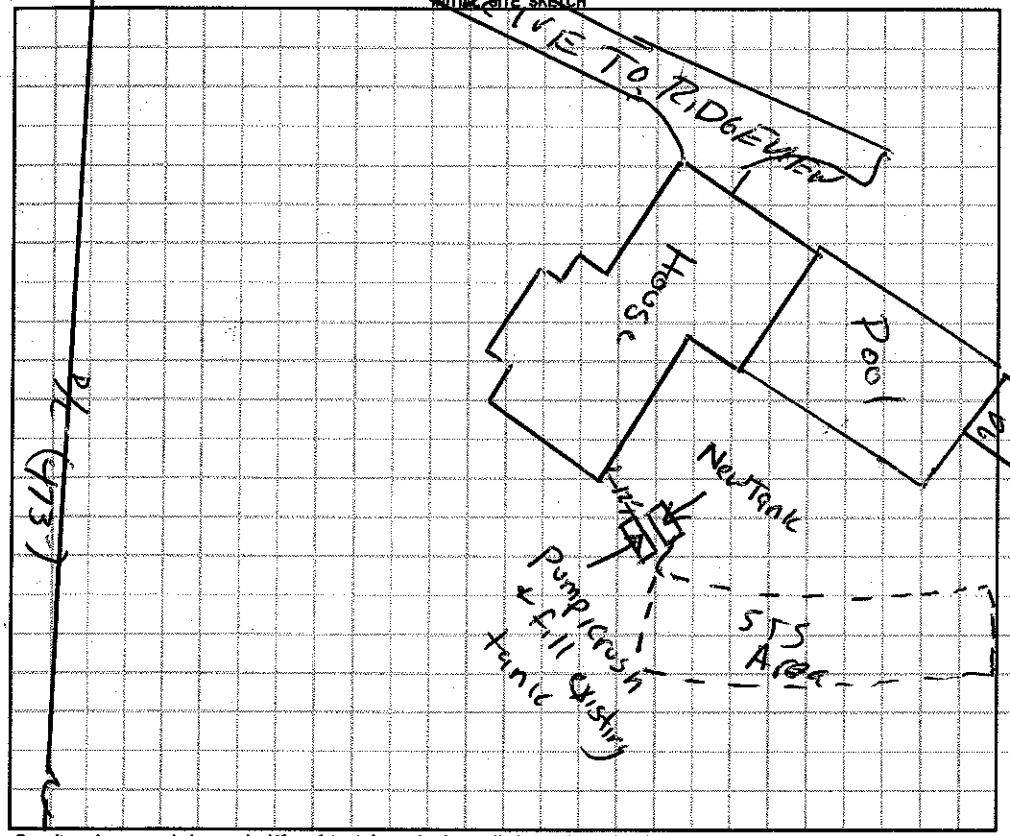
SUBDIVISION: Doorcroft SECTION: 53 LOT # 122+123 LOT AREA: 4.43ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	N/A	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms Ex
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:		Tank		☐ Business	No. Persons Ex
Pump Make		Model	Polylok	Serial #	PL-69	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush & fill existing tank. Maintain no more than 6" of cover.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

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: Installed by: Lentz Septic

IMPROVEMENT PERMIT by: Date: 07/30/15 OPERATION PERMIT by: Date: 10/23/15

AUTHORIZATION TO CONSTRUCT by: Date: 07/30/15 Existing System Inspected by: Date:

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