IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213088

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

PIN # 4728 198248

APPLICANT: Enoch M Flood APPLICANT ADDRESS: 152 King Home Ln Statesville NC

SITE ADDRESS: 152 King Home Ln Statesville NC PHONE: 704-876-0998 ALT. PHONE: 704-880-7154

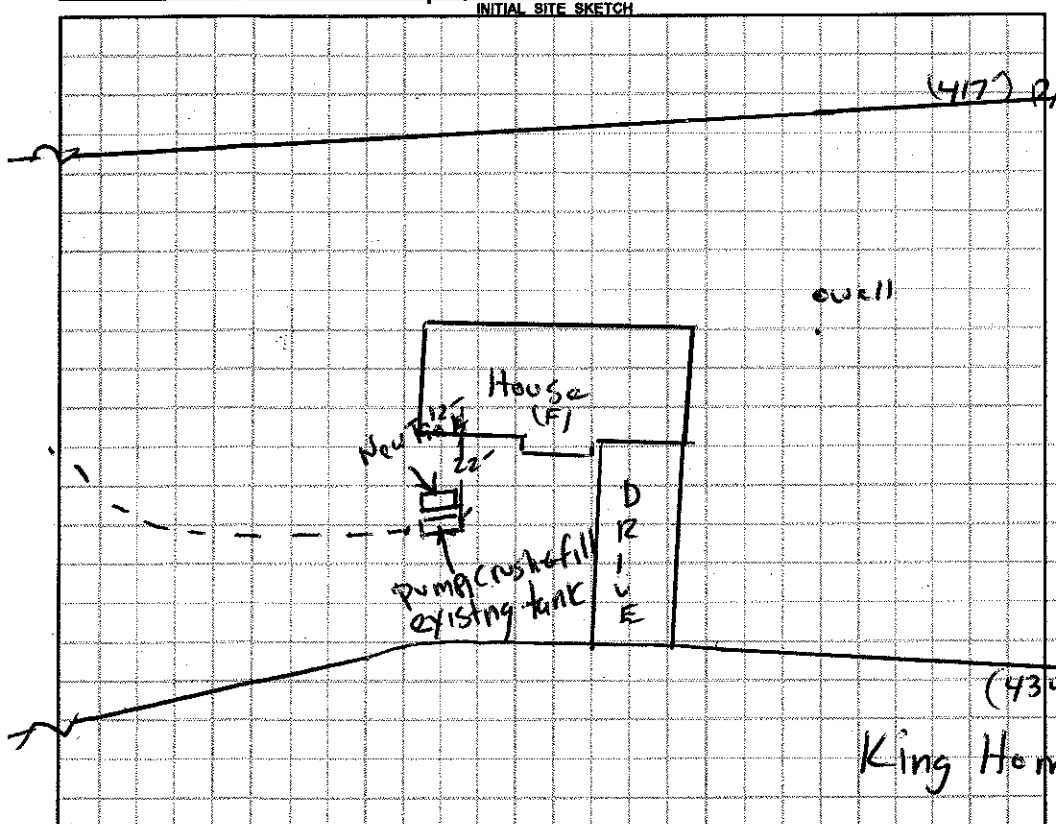
SITE DIRECTIONS: 115 N T/L Hill Dairy T/L on Hill Dairy T/L on King Home Ln Lot on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.68ac DESIGN FLOW: Ex L.T.A.R.: Ex

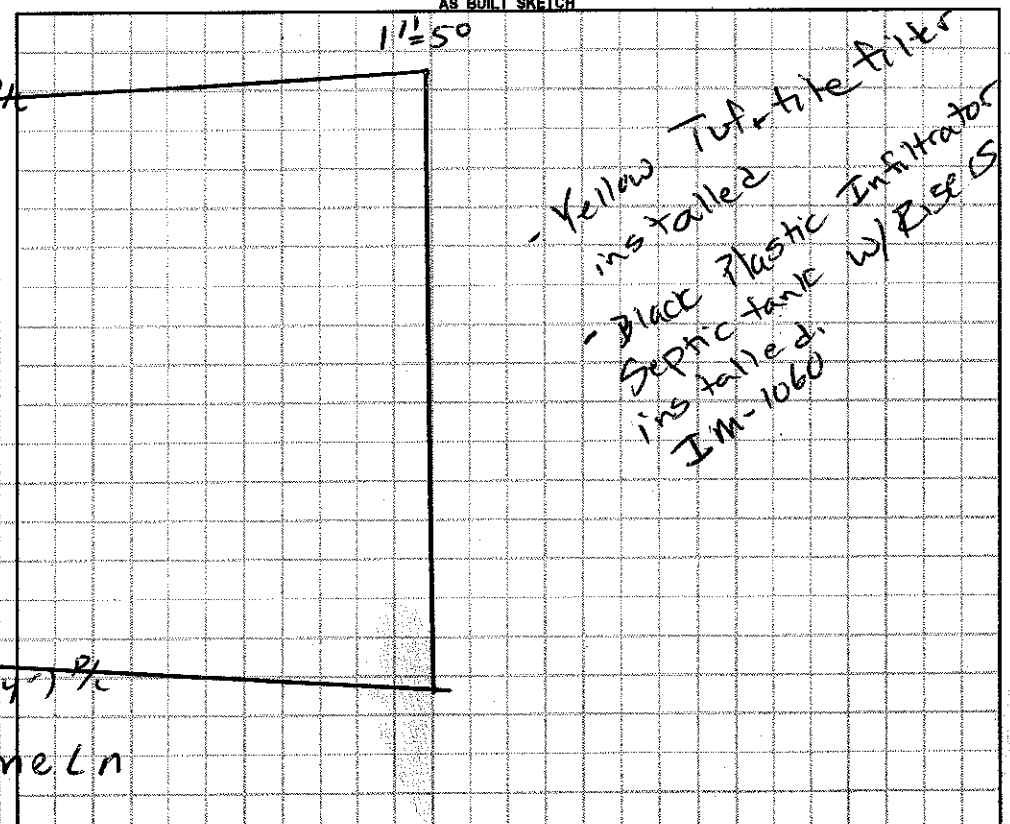
Septic Tank	1000	(gal)	STB	IM-1060	Date		☐ New System	☒ Repair	☐ Expansion	System Type: I	II	III IV V VI	☒ Residence	No. Bedrooms	Ex	Water Supply
Pump Tank		(gal)	PT		Date		System Description:			Tank			☐ Business	No. Persons	Ex	☒ Private
Pump Make		Model			Serial #		Repair System Description:						☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex	# Lines	Ex		Linear Ft:	Ex	Maintenance Agreement Required:		☐ YES	☒ NO			☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Ex	Max. Trench Bottom Depth		Ex	Gravel Depth	Ex			☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush + fill existing tank use risers if needed. maintain 50' off well and 5' off any building foundation.

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: [signature] Date: 8/31/15 Installed by: Lentz

IMPROVEMENT PERMIT by: [signature] Date: 08/26/15 OPERATION PERMIT by: Justin Henderson Date: 9-1-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 08/26/15 Existing System Inspected by: Date:

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