# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 151.588 PIN# 4729-15-5612

OWNER OR APPLICANT Iredell County / Solid Waste Transfer Station PHONE: Business 704-832-2319 Home _____ DATE 10 October 08

ADDRESS P.O. Box 788 Statesville, N.C.

LOCATION 39-18 L: 115 bus to Hwy / 115 N - on Rt. past Snow Creek Rd.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.93 Ac. SITE CLASS. _____ DESIGN FLOW 100 L.T.A.R. .9

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____

No Lines 2 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth _____

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: _____

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ Gravity ☐ Pressure

☐ House/Mod. Home ☐ Mobile Home ☒ Business ☐ Other _____

No. Bedrooms ___ No. Persons ___ No. Employees 2

Water Supply: ☐ Individual ☒ Public ☐ Community

☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

AS BUILT SKETCH

Please see attached permit copy. New building constructed in same area as old office.

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: David Mabry date 11-25-08

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: D. Z. Hagy R.S. date 10 October 08

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK