# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 16720

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

PIN # 4729157671

APPLICANT: Barry Elliot APPLICANT ADDRESS: 122 Gille Ln. Troutman.

SITE ADDRESS: Wilkesboro Hwy Statesville PHONE: 704-928-7691 ALT. PHONE: N/A

SITE DIRECTIONS: 115 N Property on Right just before Central Transfer Station

SUBDIVISION: John S King Estate SECTION: NA LOT # PT 10 LOT AREA: 2.49 acres DESIGN FLOW: 600 gpd L.T.A.R.: 0.3

Septic Tank 1500 (gal) STB 964 Date 2-11

Pump Tank (gal) PT Date

Pump Make Model Serial #

# Nitrification Fields 1 # Lines 4 Linear Ft: 500

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

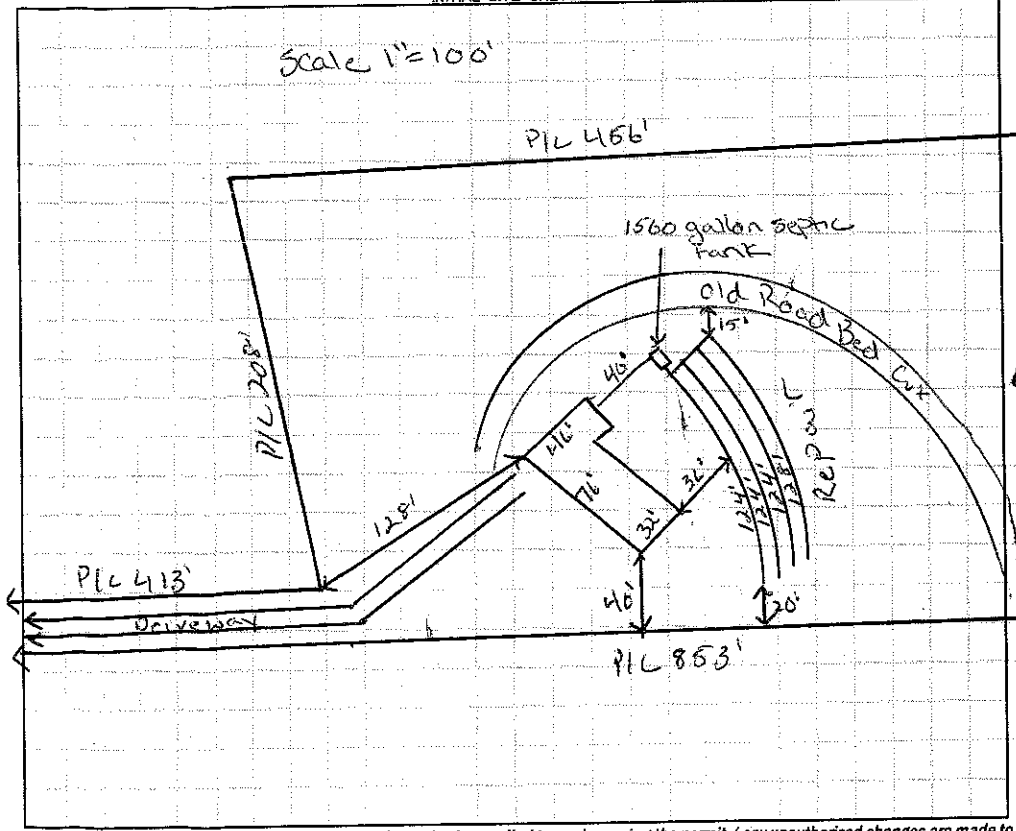
No. Bedrooms 5 No. Persons No. Employees ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

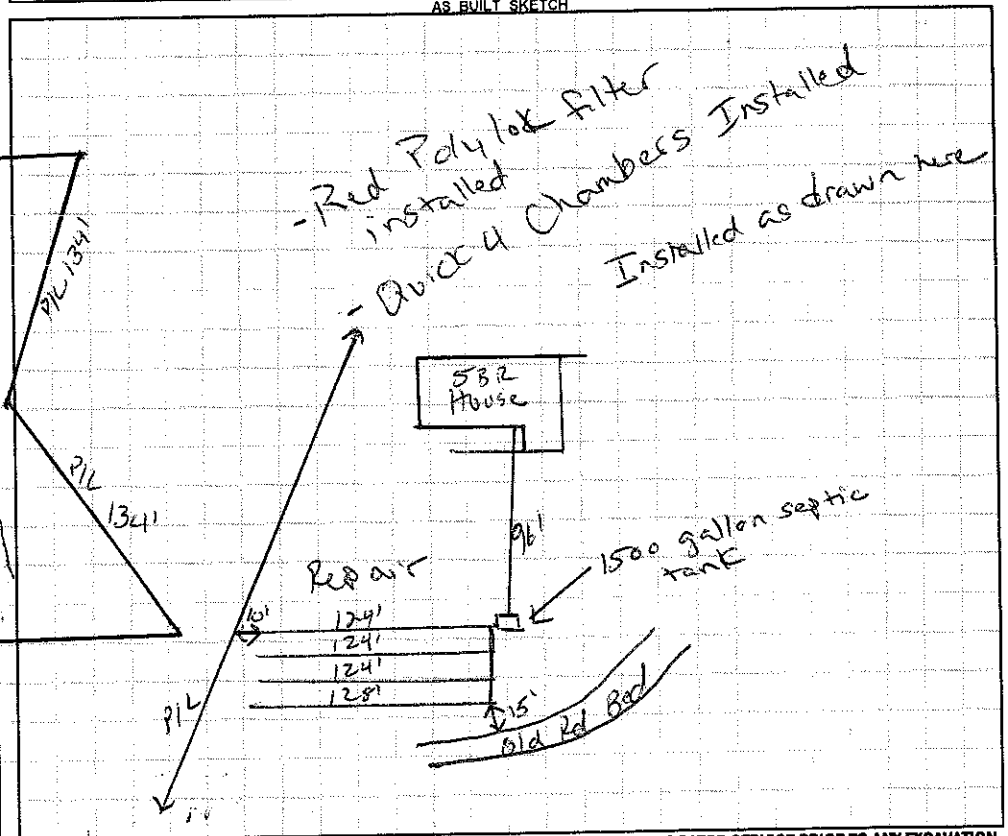
☐ Basement w/o plumbing

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

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: B. Meett Elliot Date:

IMPROVEMENT PERMIT by: Justin Henderson Date: 1-28-13

ATION TO CONSTRUCT by: Justin Henderson Date: 1-28-13

Installed by: Groundbreakers

OPERATION PERMIT by: Justin Henderson Date: 4-11-13

Existing System Inspected by: Date:

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