IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217109

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

PIN # 473214 3807

APPLICANT: Jessica Boggs APPLICANT ADDRESS: 486 Old Mountain Rd Statesville NC

SITE ADDRESS: 480 Old Mountain Rd Statesville NC PHONE: 704-902-0806 ALT. PHONE: 704-883-2839

SITE DIRECTIONS: 77S T/12 Exit 45 T/L Murdock Rd Strait on Old Mountain Rd Lot on right

SUBDIVISION: N/A SECTION: N/A LOT # P1 LOT AREA: 2.73ac DESIGN FLOW: 360 L.T.A.R.: 0.25

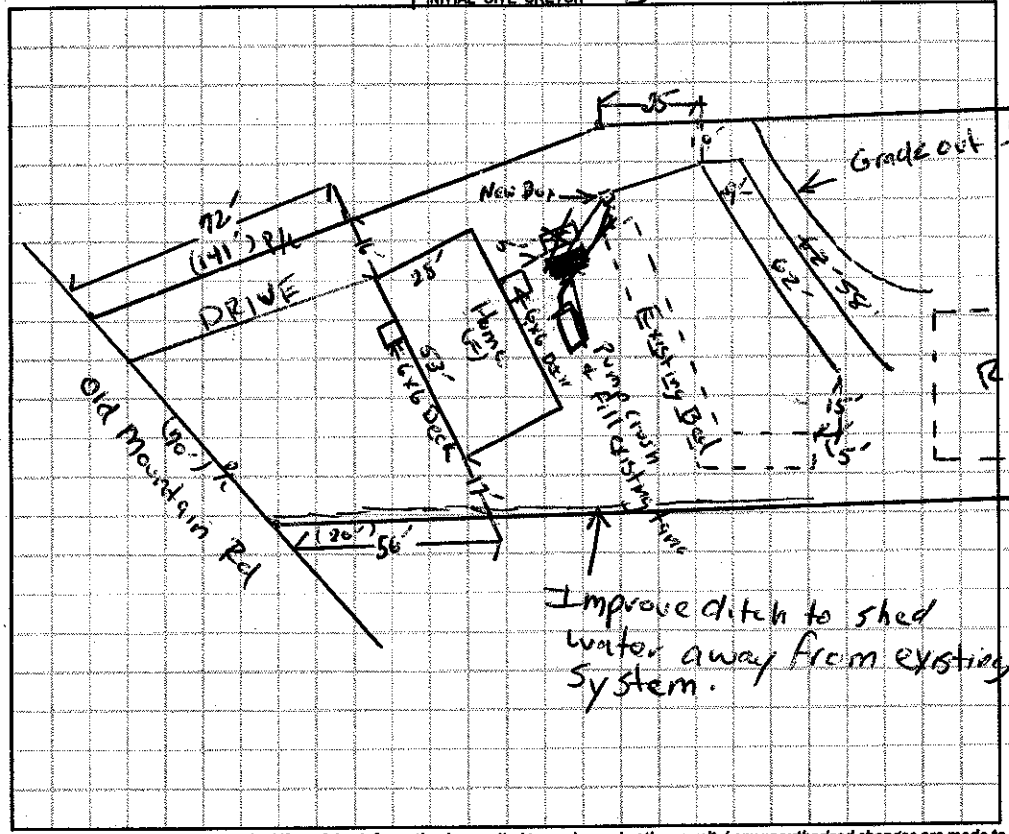
Septic Tank	1000 (gal)	STB	760	Date	4/6/16	☐ New System	☐ Repair	☒ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:		25% reduction		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:		25% reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	120	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY		☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

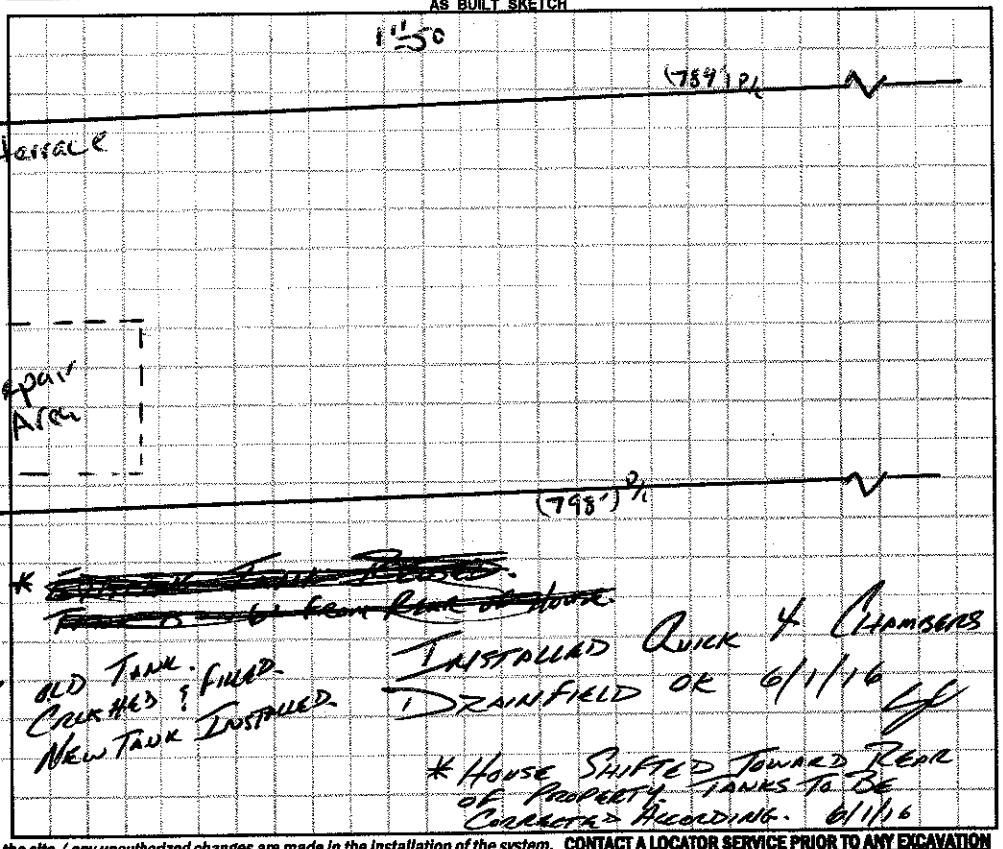
Comments / Conditions: Install 25% reduction on contour with serial distribution. set new box to feed existing bed. Grade out existing terrace to maintain positive drainage.

Improve drainage away from existing bed to shed water away from trail line

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: Jessica Boggs Date: 4/4/16 Installed by: Ashley Byers Cert # 4552

IMPROVEMENT PERMIT by: Date: 04/01/16 OPERATION PERMIT by: Date: 6/10/16

AUTHORIZATION TO CONSTRUCT by: Date: 04/01/16 Existing System Inspected by: Date:

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