IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208278

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

PIN # 4735054817

APPLICANT: Edward & Carol White APPLICANT ADDRESS: 133 Sara Ln Statesville NC 28625

SITE ADDRESS: 133 Sara Ln Statesville NC 28625 PHONE: 203-895-9441 ALT. PHONE: N/A

SITE DIRECTIONS: Sara Ln is off Bradley Farm Rd

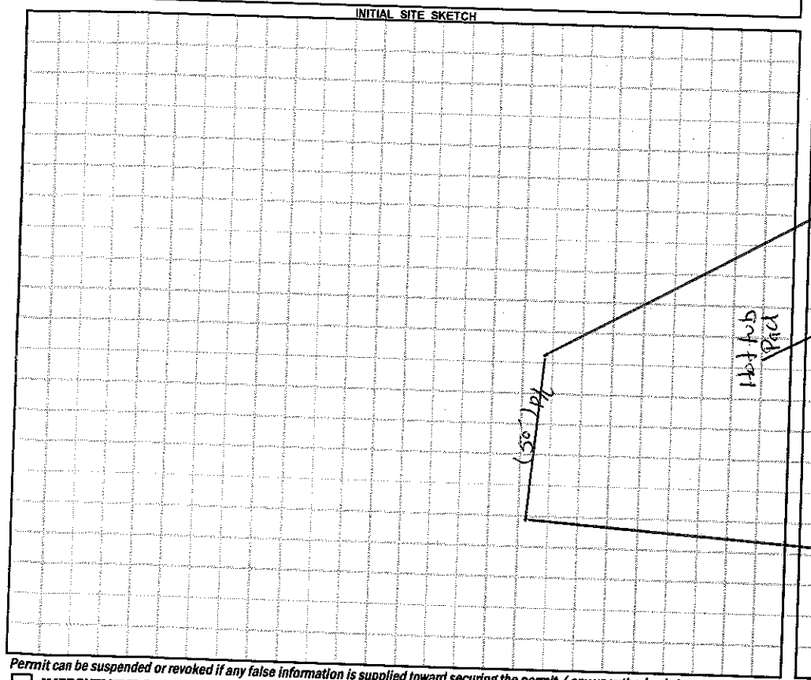
SUBDIVISION: Country Landing SECTION: N/A LOT # 13 LOT AREA: 0.59ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	Ex (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I / II / III IV V VI	☑ Residence	No. Bedrooms Ex
Pump Tank	(gal)	PT	Date	System Description: Existing		☐ Business	No. Persons Ex
Pump Make		Model	Serial #	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

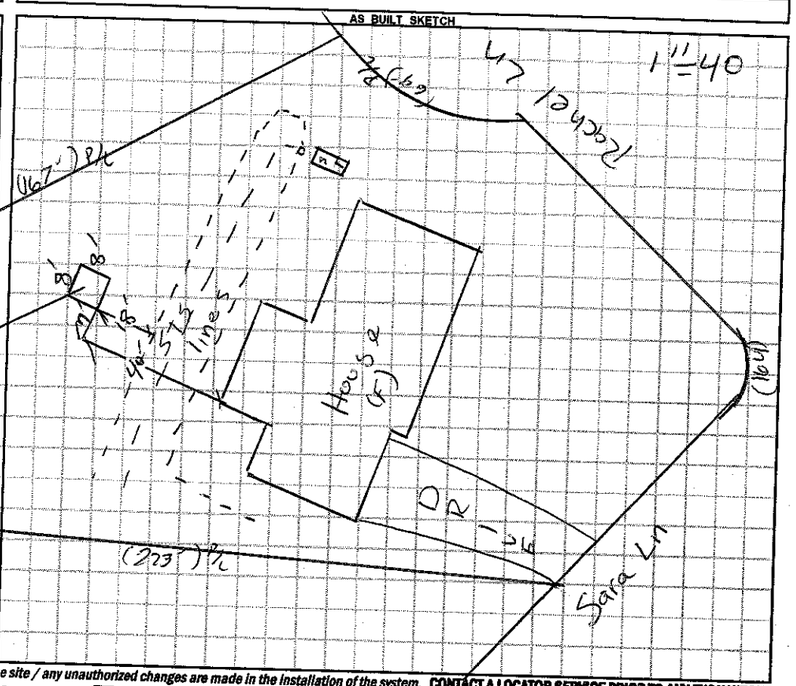
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: All Swimming Pools must be ≥15' from any part of STS

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: E J White Date: 2-18-15 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: David H Lowe Date: 02/18/15

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

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR BRIAN & DENEIL SUAREZ DATE 1/31/92 PERMIT NO. 6M-A-38A

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL OLD WILKSBORO ROAD, TL BRADLEY FARM ROAD TR SARA LANE, AT END ON (L) S. R. No. _____

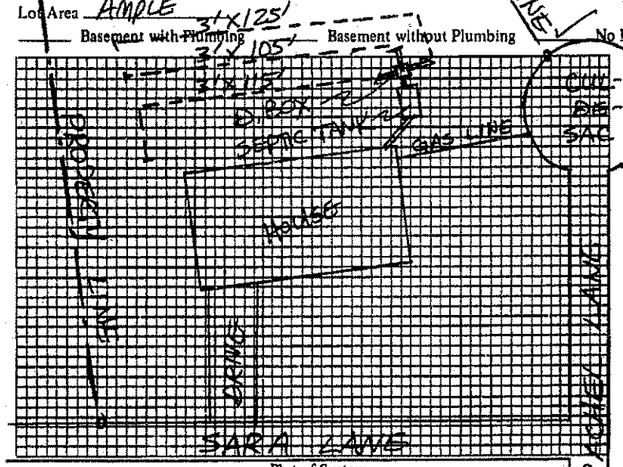
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate .35 GPD/FT²
Topography 2-4% LS
Depth to Water Table > 4'
Rock or other impervious formations NONE

Lot Area AMPLE



Plot of System

_____ Basement with Plumbing _____ Basement without Plumbing No Basement

ACP 11/1/91

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by A-1 BACKHOE

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is suppiled in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold