IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213675

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

PIN # 4736105786

APPLICANT: Ira Dale Sloan APPLICANT ADDRESS: 2155 Wilkesboro Hwy Statesville NC

SITE ADDRESS: 2155 Wilkesboro Hwy Statesville NC PHONE: 704-902-8434 ALT. PHONE: N/A

SITE DIRECTIONS: 1 mile North Hwy 115 Past Food Lion on left going North

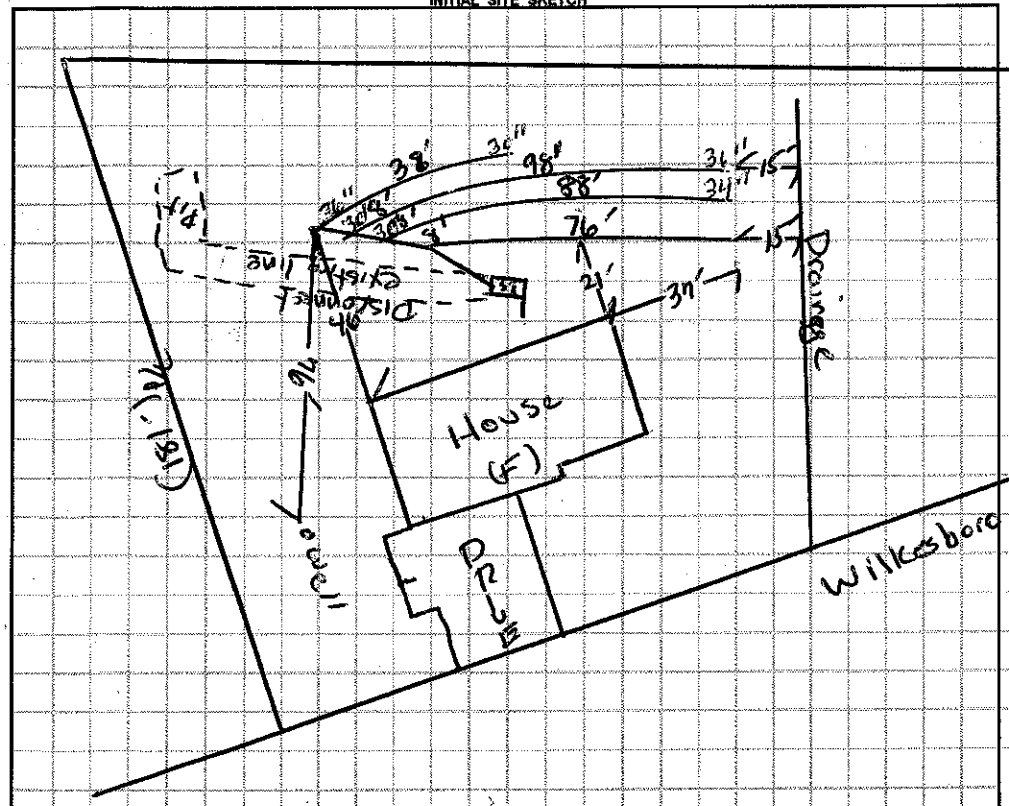
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.98ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	4-28-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:			25% Reduction	☐ Business	No. Persons 6
Pump Make	N/A	Model	Tuftite	Serial #	EF-4	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	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

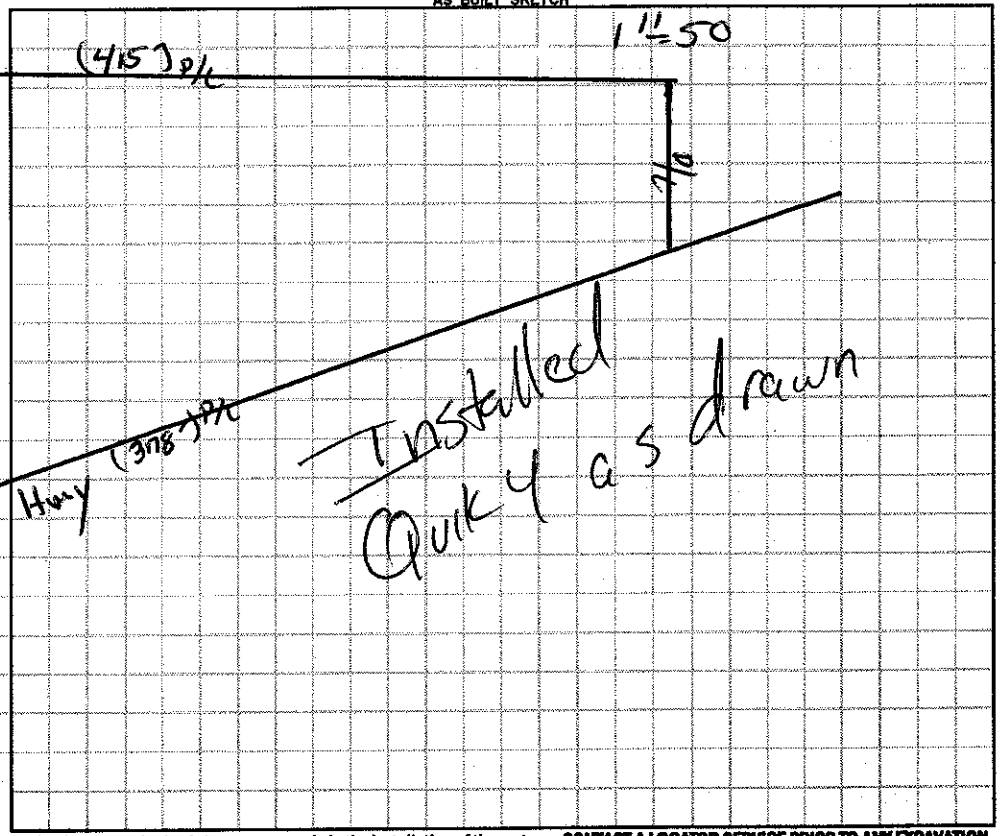
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction as drawn with serial distribution. Check tank, check tee replace if needed.

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: Dale Sloan Date:

IMPROVEMENT PERMIT by: Date: 09/25/15

AUTHORIZATION TO CONSTRUCT by: Date: 09/25/15

Installed by: Tommy Fry

OPERATION PERMIT by: Date: 10/16/15

Existing System Inspected by: Date:

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