IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21734

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

PIN # 4736474771

APPLICANT: Robert Jason Corn APPLICANT ADDRESS: 185 Crosswhite Ln Statesville NC 28625

SITE ADDRESS: 185 Crosswhite Ln Statesville NC 28625 PHONE: 704-902-7177 ALT. PHONE: 704-902-8747

SITE DIRECTIONS: 115 N T/R Chipley Ford Rd T/L Crosswhite Lot at end on left

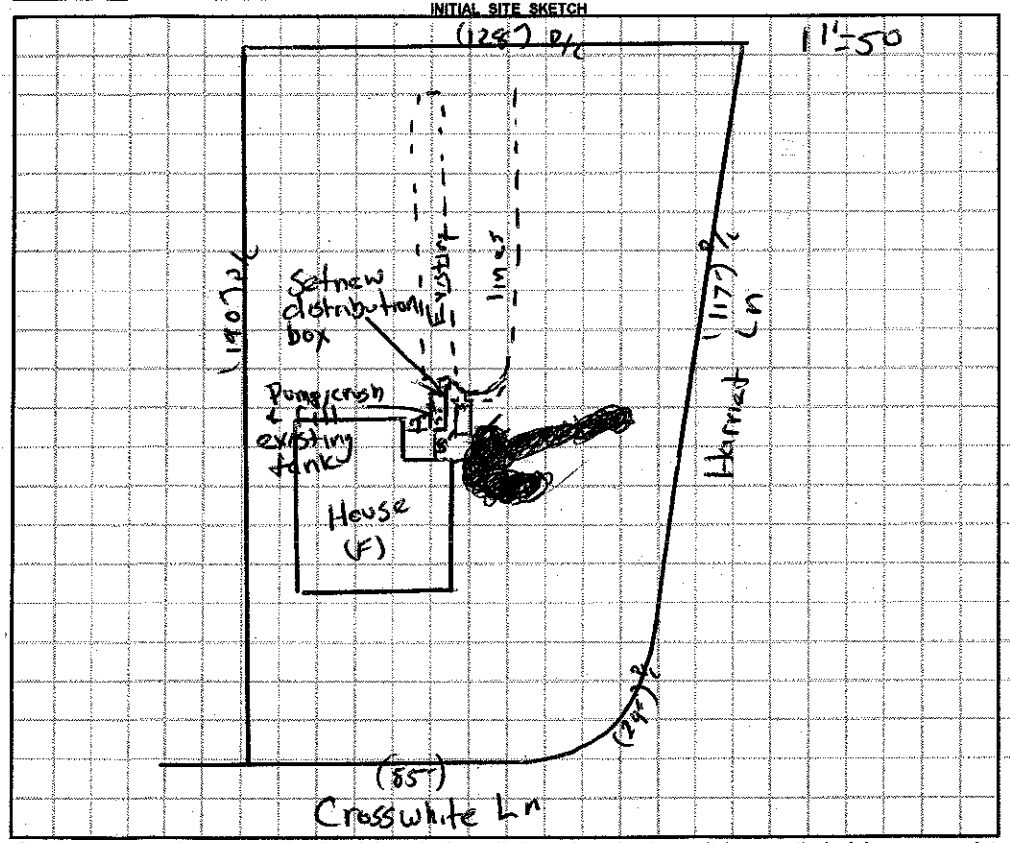
SUBDIVISION: Chipley Park Isumas West Addition SECTION: N/A LOT # 38 LOT AREA: 0.51 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	1-3-15	☐ New System	☒ Repair	☐ Expansion	System Type: I	II	III IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:			Tank		
Pump Make	N/A	Model	DOMESTIC	Serial #	PL-67	Repair System Description:					
# Nitrification Fields	1	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO			
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth		☒ GRAVITY	☐ PRESSURE				

☒ Residence	No. Bedrooms	Ex	Water Supply	
☐ Business	No. Persons	Ex	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush & fill existing tank
Install distribution box to the existing bed at newer line together

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn

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: _____ Date: 3/11/16 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: _____ Date: 03/11/16 OPERATION PERMIT by: _____ Date: 03/16/17

AUTHORIZATION TO CONSTRUCT by: _____ Date: 03/11/16 Existing System Inspected by: _____ Date: _____

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