IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 223238

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

PIN # 4736-47-9998

APPLICANT: Von Rodecker APPLICANT ADDRESS: 160 Crosswhite Lane Statesville, NC

SITE ADDRESS: 160 Crosswhite Lane Statesville, NC 28625 PHONE: 704-437-4252 ALT. PHONE:

SITE DIRECTIONS: Rt 115 N from Statesville → R on S. Chipley Ford → L on Crosswhite Lane → House on left

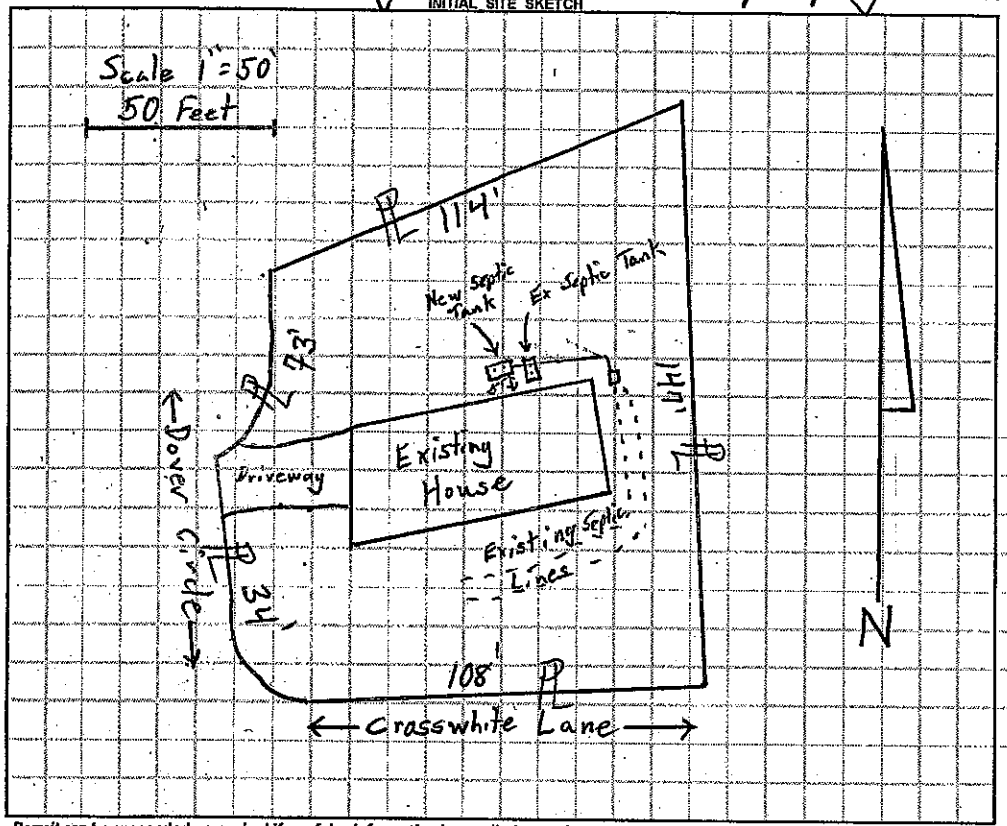
SUBDIVISION: Chipley Park Tsunmas West Addition SECTION: LOT # 3 LOT AREA: 0.36 acres DESIGN FLOW: 360 gpd L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	160	Date	9/17/16	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:			
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Replace septic tank as requested		
# Nitrification Fields	1 Ex	# Lines	2 Ex	Linear Ft:	225 Ex	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE	

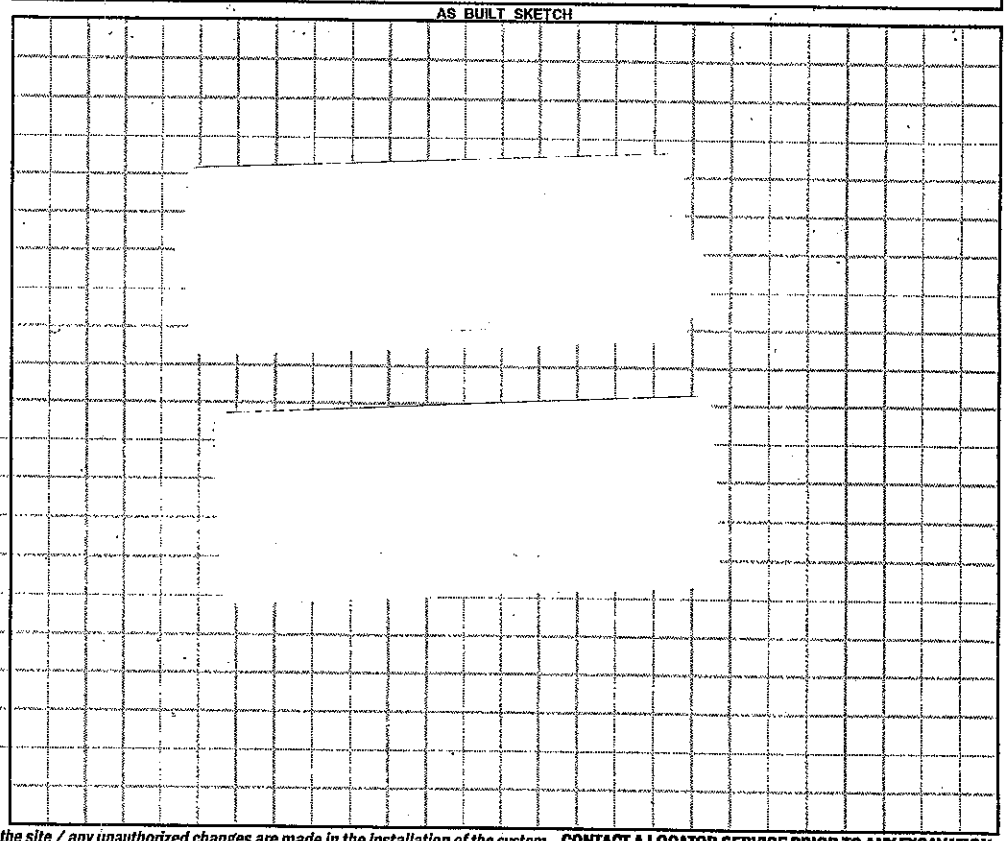
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Existing/old septic tank shall be pumped, limed and either 1.) crushed in place 2) Hauled away 3) Filled with clean flowable fill (cement, sand or gravel). Recommend pumping the new septic tank every 3-5 years. Recommend uncovering + checking D-Box to ensure equal distribution + free of tree roots.

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: Date:

Installed by: Kevin Bowlby

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/21/16

OPERATION PERMIT by: W. Sparks Date: 11/22/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/21/16

Existing System Inspected by: Date:

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