IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2/2257

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

PIN # 4736598082

APPLICANT: Mike Bicio APPLICANT ADDRESS: 2395 S. Chipley Ford Rd Statesville NC

SITE ADDRESS: 2601 S. Chipley Ford Rd Statesville NC PHONE: 704-380-1510 ALT. PHONE: N/A

SITE DIRECTIONS: 115 N T/R S Chipley Ford Rd Lot on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.24ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 760-1000 Date 7-20
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 124'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

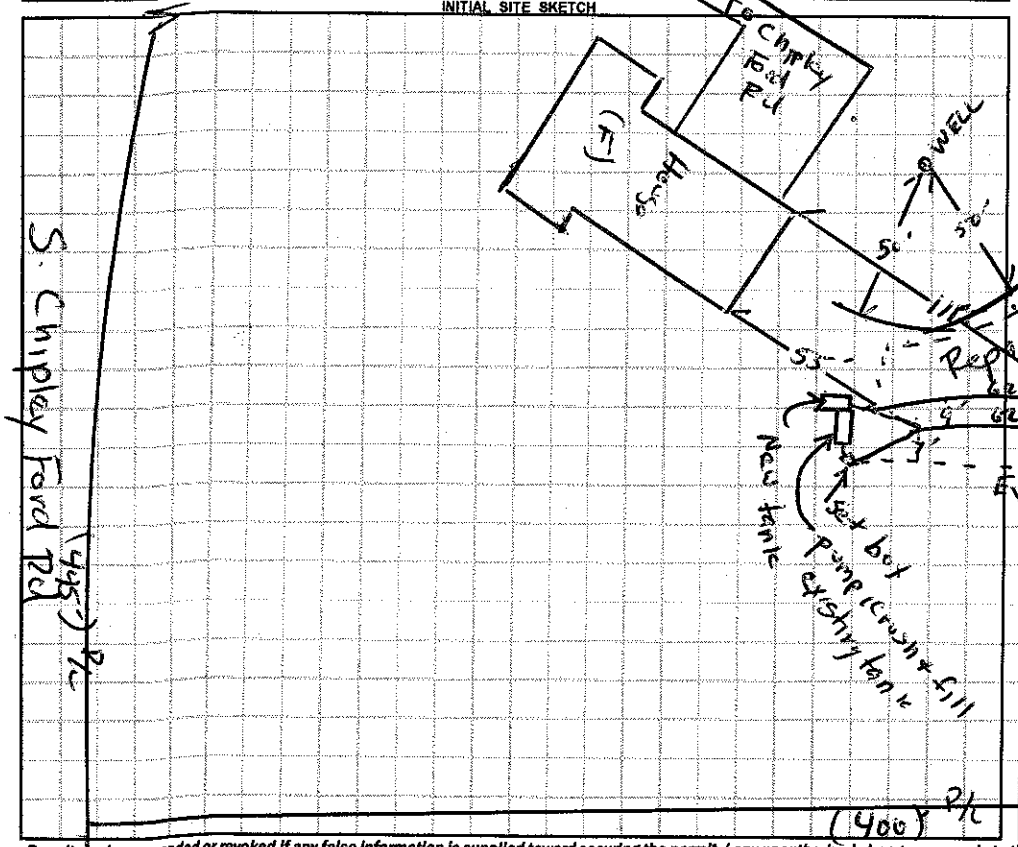
☐ New System ☐ Repair ☒ Expansion System Type: I II ☒ III IV V VI
System Description: 25% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

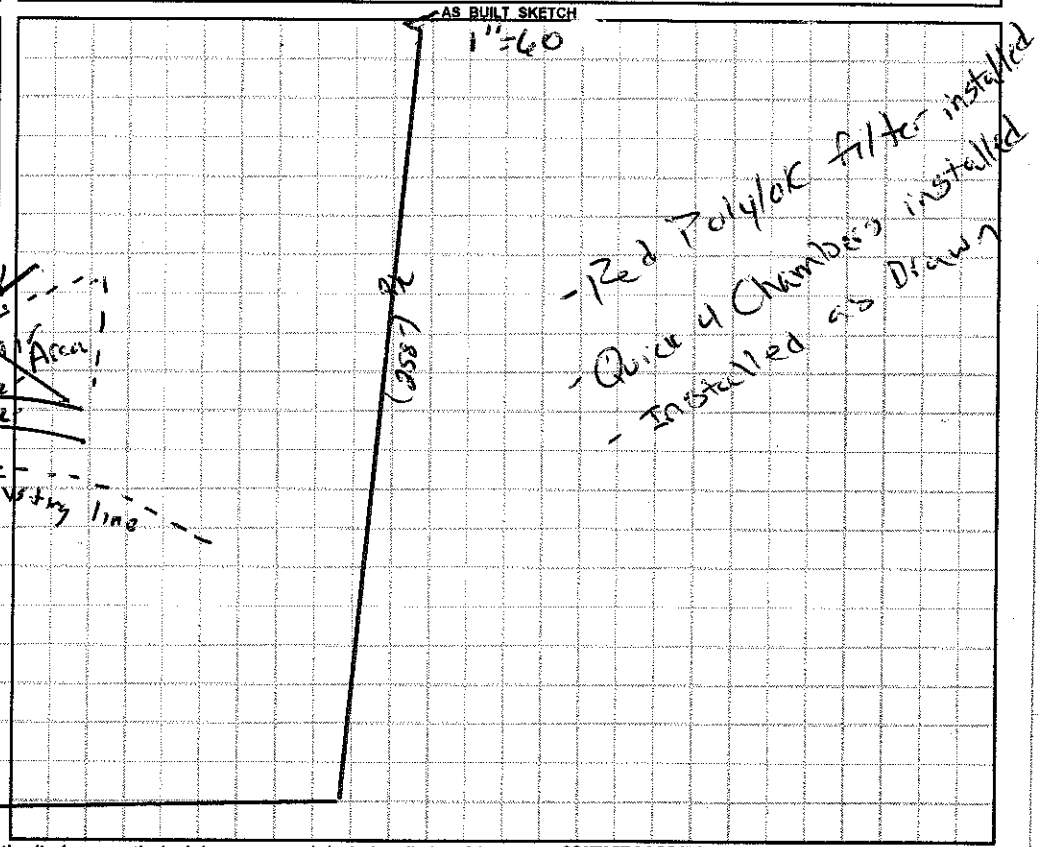
Water Supply: ☒ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution
Set new box at end of old line.
Maintain 50% off well

INITIAL SITE SKETCH



AS BUILT SKETCH 1"=60'



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: A1 Backhoe

IMPROVEMENT PERMIT by: Date: 09/03/15 OPERATION PERMIT by: Justin Henderson Date: 11-25-15

AUTHORIZATION TO CONSTRUCT by: Date: 09/03/15 Existing System Inspected by: Date:

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