IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211570

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

PIN # 4743061061

APPLICANT: Martha Rogers APPLICANT ADDRESS: 2030 Rogers Ave Statesville NC

SITE ADDRESS: 2030 Rogers Ave Statesville NC PHONE: 704-873-6685 ALT. PHONE: N/A

SITE DIRECTIONS: Shelton to Amity Hill to Kimball to Rogers Ave Last house on left

SUBDIVISION: W H Kimball Farm SECTION: BLKD LOT # 21-26+ LOT AREA: 0.53ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 760-1000 Date 3-1
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

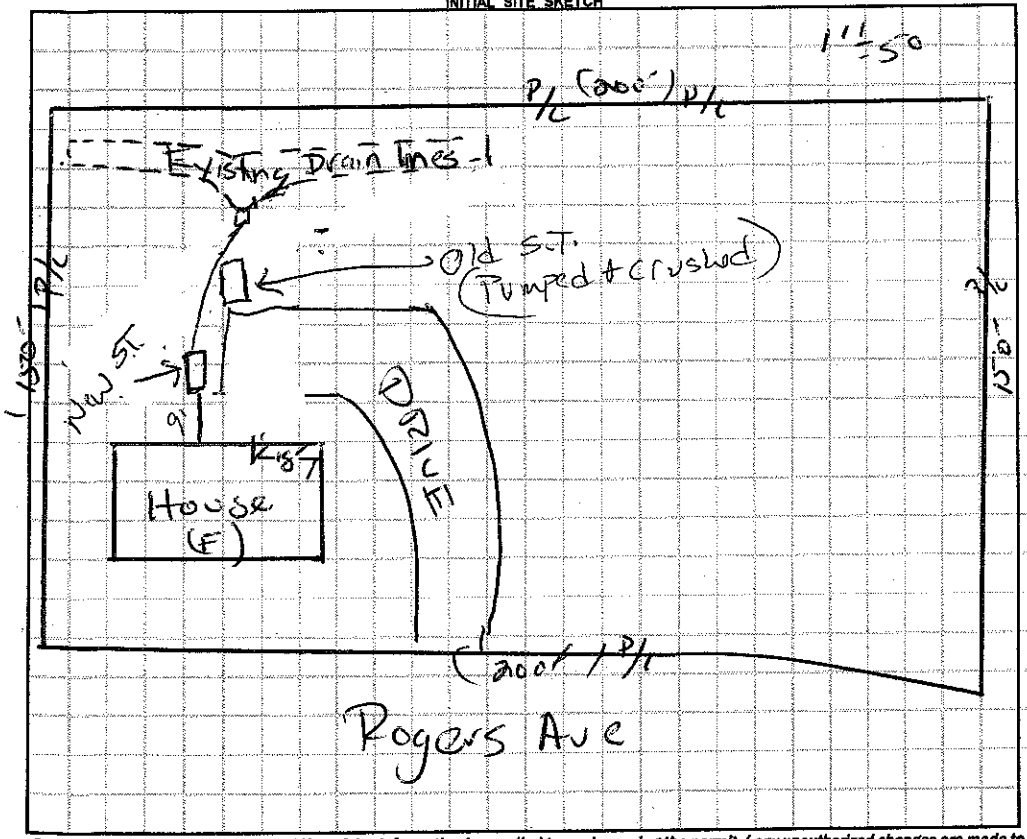
☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☒ GRAVITY ☐ PRESSURE

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

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush + fill existing tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red Polylok filter installed
- Risers installed to Grade on Septic tank
- 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: Martha Y. Rogers Date: 6-29-15 Installed by: Lentz Septic

IMPROVEMENT PERMIT by: [signature] Date: 06/29/15 OPERATION PERMIT by: [signature] Date: 7-16-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/29/15 Existing System Inspected by: ____ Date: ____

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