IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219079

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

PIN # 4743964243 ✓

APPLICANT: Lori Renegar APPLICANT ADDRESS: 1714 N Barkley Rd Statesville NC

SITE ADDRESS: 1714 N Barkley Rd Statesville NC PHONE: 704-881-0143 ALT. PHONE: 704-657-0934

SITE DIRECTIONS: 70 E T/R E Barkley House on right before Deal Ln

SUBDIVISION: Glenn Echo Addition No 1 SECTION: N/A LOT # 3 LOT AREA: 0.55 DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 760 Date 4-6-16
Pump Tank w/h (gal) PT w/s Date N/A
Pump Make N/A Model Polylok Serial # PL-68
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

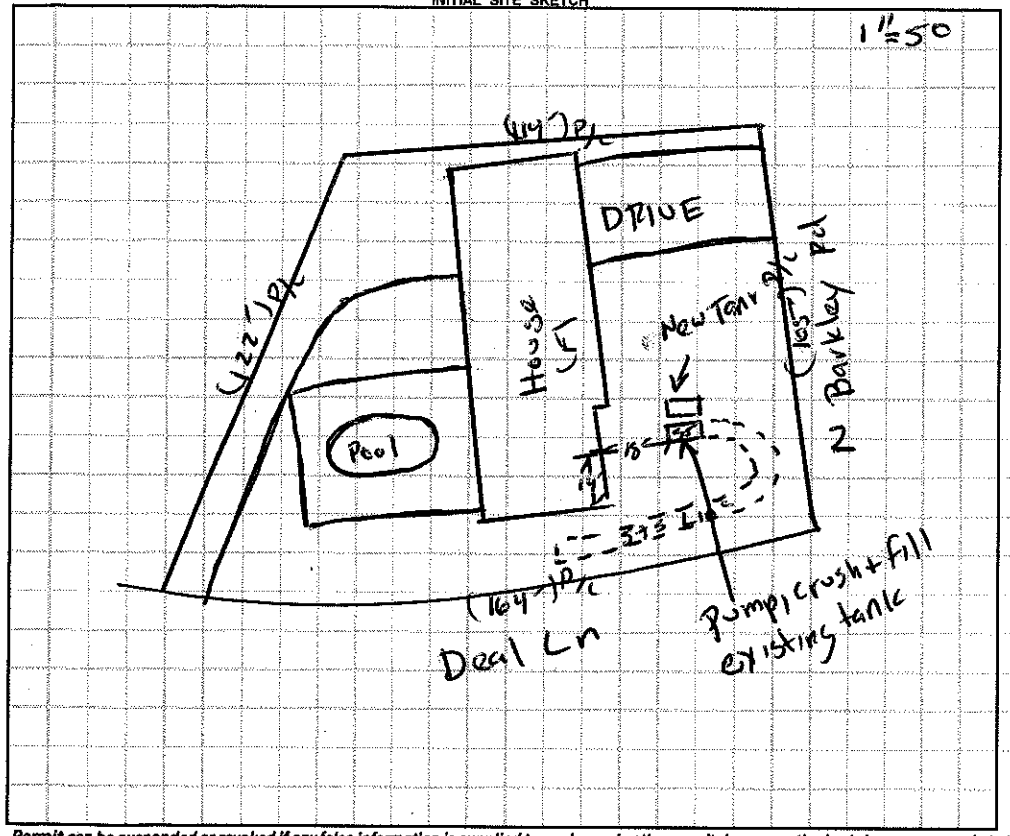
☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

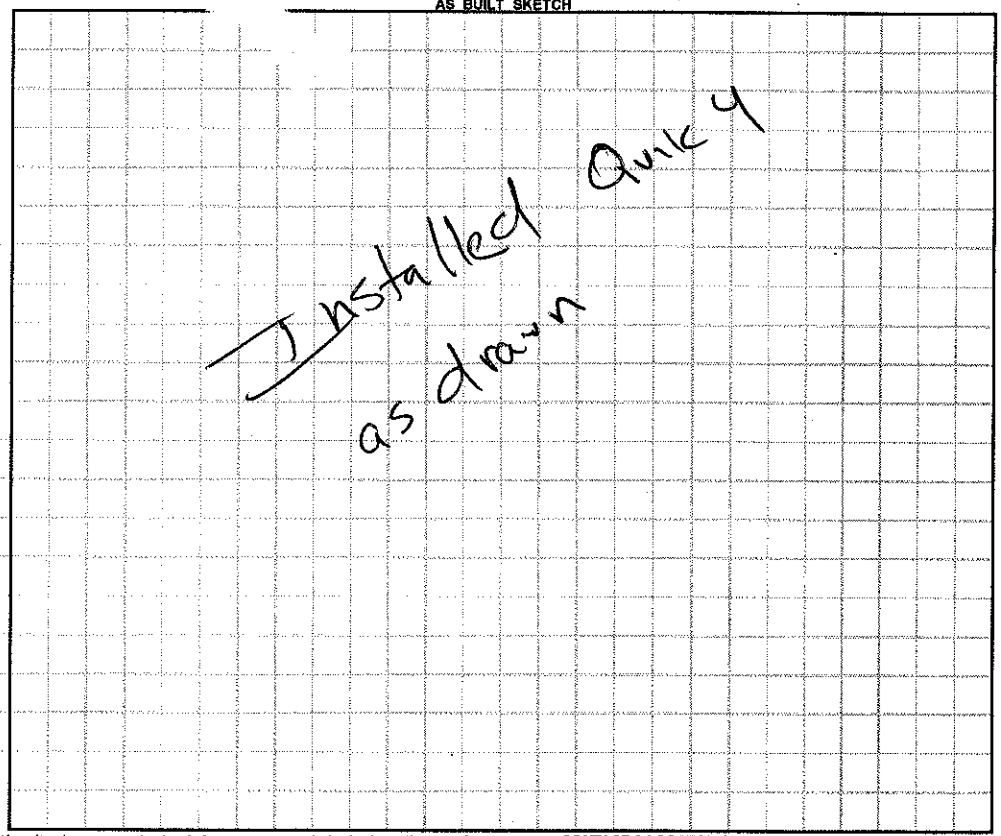
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush + fill existing tank
Maintain no more than 6" of cover
over new tank

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: Lori M Renegar Date: 6/2/16 Installed by: Carter Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 06/02/16 OPERATION PERMIT by: [signature] Date: 06/06/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/02/16 Existing System Inspected by: Date:

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