IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224084

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

PIN # 4745 119 598

APPLICANT: S. Grant Moon APPLICANT ADDRESS: 627 Oakdale Dr Statesville NC

SITE ADDRESS: 627 Oakdale Dr - Statesville NC PHONE: 704-502-8435 ALT. PHONE: N/A

SITE DIRECTIONS: off Hartness behind Iredell Hospital

SUBDIVISION: Druid Hills SECTION/ BLK/ LOT # 7 + PT 8 LOT AREA: 0.52ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1600 (gal) STB 2054 Date N/A
Pump Tank (gal) PT Date
Pump Make Model Tuftite Serial # EF-4
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex

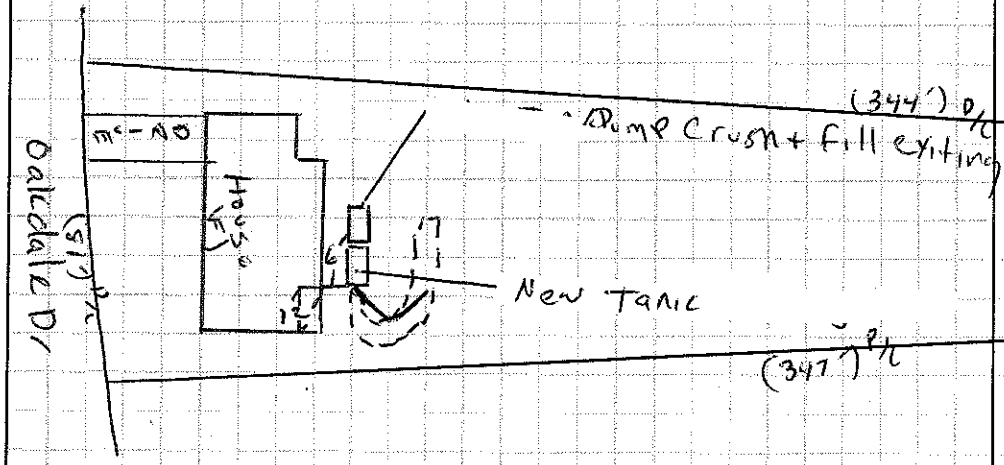
☐ New System ☒ Repair ☐ Expansion System Type: I ☒ III III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ 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 5' off any building foundation
maintain no greater than 6" of cover on
USE risers.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

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: [signature] Date: 1-5-17 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 01/05/17 OPERATION PERMIT by: [signature] Date: 01/17/17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 01/05/17 Existing System Inspected by: Date:

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