IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 211633

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

PIN # 4746-25-5887.000

APPLICANT: Aaron Ballard Local Works APPLICANT ADDRESS: 1623 Triplett Rd. Cleveland NC

SITE ADDRESS: 147 Deval Ln. Statesville NC PHONE: 704-677-6407 ALT. PHONE: —

SITE DIRECTIONS: US 21 North, R Edison Dr, R Decale, R Victoria, L Deval

SUBDIVISION: Iredell Heights SECTION: 2 LOT # 99-102 LOT AREA: — DESIGN FLOW: Existing L.T.A.R.: Existing

Septic Tank	Existing (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: (I) II III IV V VI	☒ Residence	No. Bedrooms Existing
Pump Tank	— (gal)	PT	Date	System Description:	Existing Conventional Gravity	☐ Business	No. Persons Existing
Pump Make	—	Model	Serial #	Repair System Description:	Existing Conventional	☐ Other	No. Employees —
# Nitrification Fields	Ex	# Lines	Existing Linear Ft:	Ex.	Maintenance Agreement Required: ☐ YES ☐ NO	☐ Slab	☒ Crawl Space
Trench Width	Ex.	Max. Trench Bottom Depth	Existing	Gravel Depth	Existing	☐ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

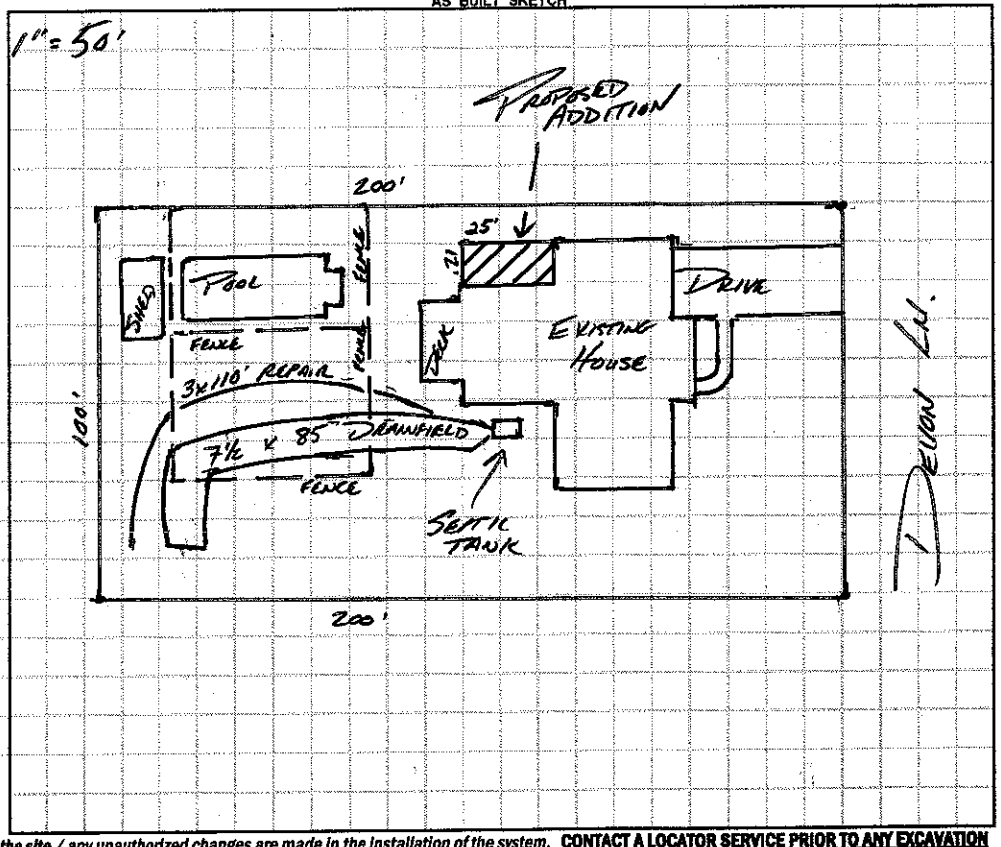
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: System Appeared To Be Functioning At Time of Inspection.

Bull Run Valley noted on Prior Permit But Not Observed In Field.

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: [signature] Date: 7-13-15 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: [signature] Date: APPROVED JUL 06 2015

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