IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213867

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

PIN # 4746278410

APPLICANT: Larry Huggins APPLICANT ADDRESS: 119 Polly Dr Statesville NC 28625

SITE ADDRESS: 119 Polly Dr Statesville NC 28625 PHONE: 704-500-6424 ALT. PHONE: 704-500-6040

SITE DIRECTIONS: 21 N T/L Shumaker T/L Nixon T/L Polly Dr lot on left

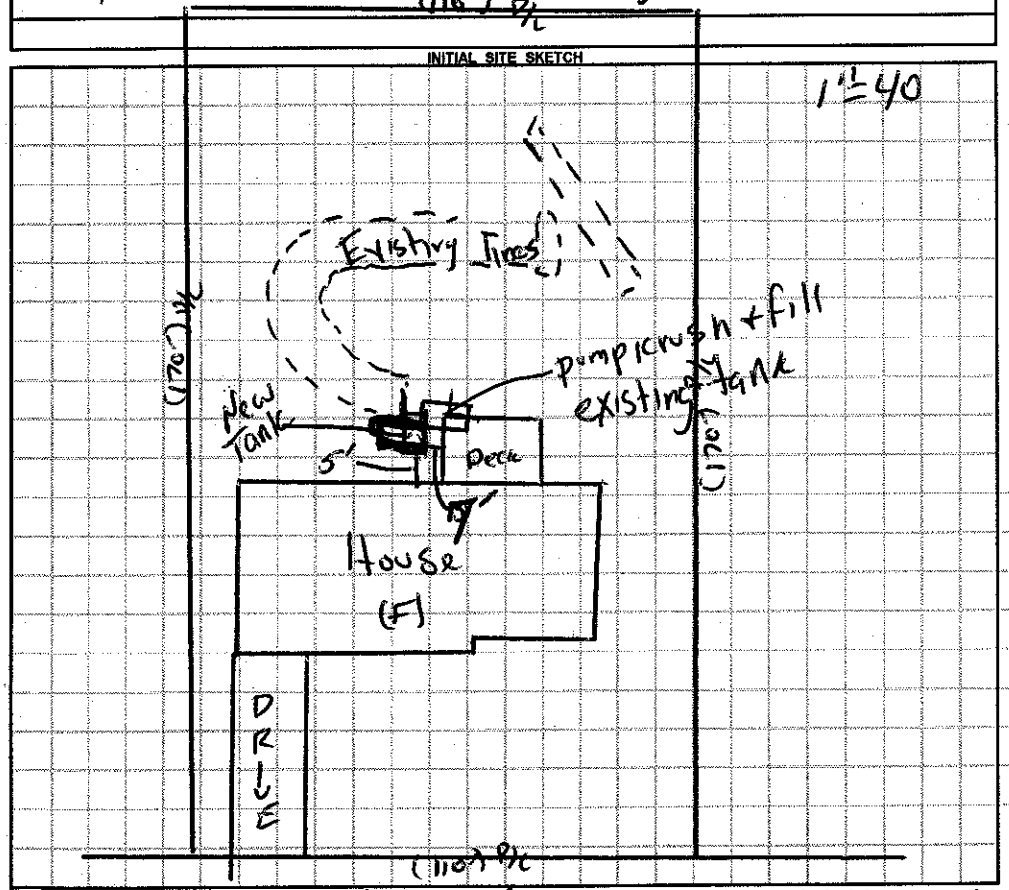
SUBDIVISION: Bobby Cline Addition to Iredell Heights SECTION: N/A LOT # 4 LOT AREA: 0.435 ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	10/2	Date	7-12-15	☐ New System	☑ Repair	☐ Expansion	System Type: I / II / III / IV / V / VI	☒ Residence	No. Bedrooms Ex
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:			Tank	☐ Business	No. Persons Ex
Pump Make	N/A	Model	Tuftite	Serial #	Ex	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

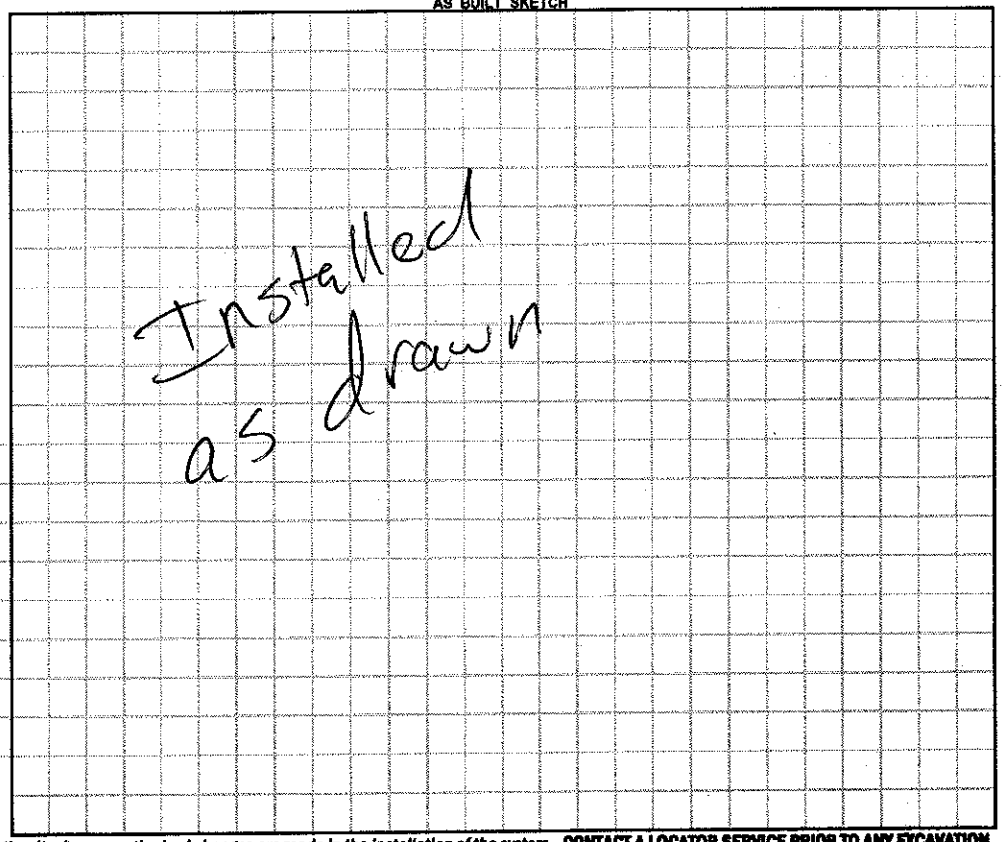
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Maintain 5' off any foundation.
May need risers to maintain no greater than 6" of cover.

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: Larry Huggins Date: 9-30-15 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Date: 09/30/15 OPERATION PERMIT by: Date: 10/6/15

AUTHORIZATION TO CONSTRUCT by: Date: 09/30/15 Existing System Inspected by: Date:

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