IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218576

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

PIN # 4746341778

APPLICANT: Addison Hightower APPLICANT ADDRESS: 225 W. Debbie Ln Statesville NC

SITE ADDRESS: 225 W. Debbie Ln Statesville NC PHONE: 704-880-2159 ALT. PHONE: 704-880-7142

SITE DIRECTIONS: 21N T/L Shumaker Dr T/L W/Debbie Lot on left

SUBDIVISION: Iredell Heights SECTION: 52 LOT # 45-52 LOT AREA: 1 ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	1012	Date	10-3-15	☐ New System	☒ Repair	☐ Expansion	System Type: I	II III IV V VI	
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	Tank				
Pump Make	N/A	Model	Polylok	Serial #	PL-68	Repair System Description:					
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO			
Trench Width	Ex	Max. Trench Bottom Depth	Ex			Gravel Depth	Ex	☒ GRAVITY	☐ PRESSURE		

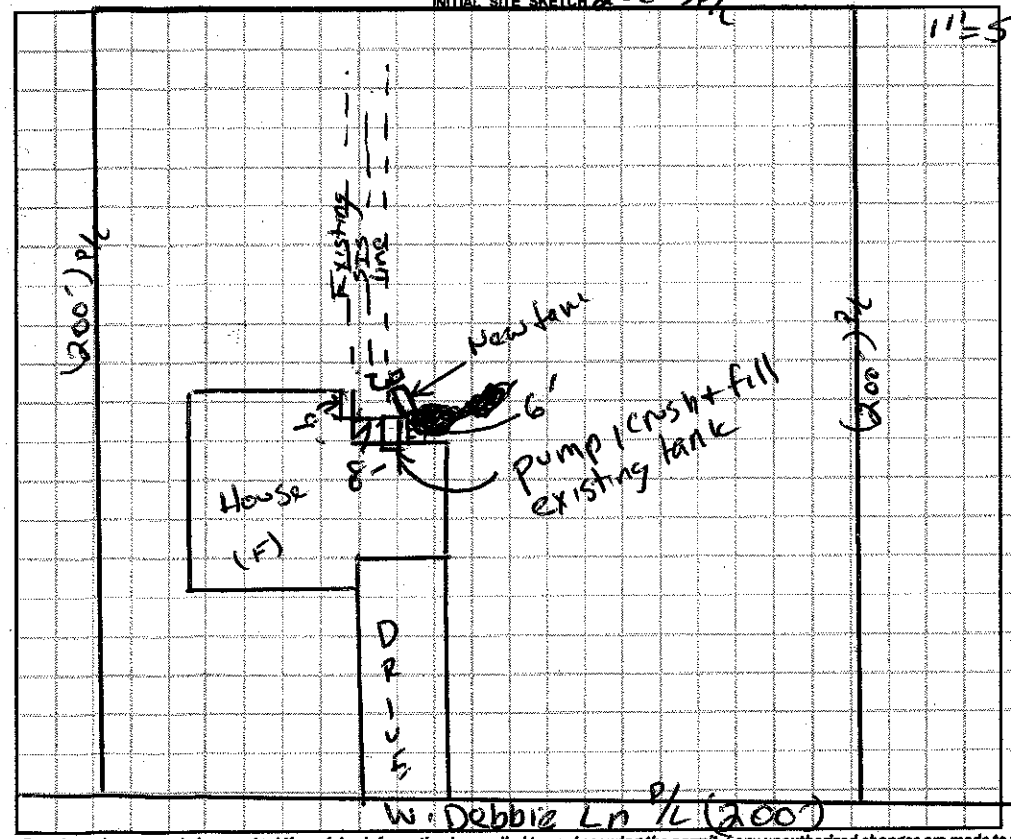
☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms Ex No. Persons Ex No. Employees

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush + fill existing tank
Maintain 5' off any building foundation

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: Addison Hightower Date:

IMPROVEMENT PERMIT by: [signature] Date: 05/06/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 05/06/16

Installed by: Steve Jordan

OPERATION PERMIT by: [signature] Date: 05/13/16

Existing System Inspected by: Date:

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