IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22191

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

PIN # 4746394178

APPLICANT: John & Rhonda Griffin APPLICANT ADDRESS: 135 Castle Creek Rd Statesville NC

SITE ADDRESS: 135 Castle Creek Rd Statesville NC PHONE: 704-380-2512 ALT. PHONE: 704-929-1260

SITE DIRECTIONS: 77 N T/L Hwy 21 T/R Shumaker Dr T/L Castle Creek house on left

SUBDIVISION: Kingswood Estate SECTION: N/A LOT # 31 LOT AREA: 0.557ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

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

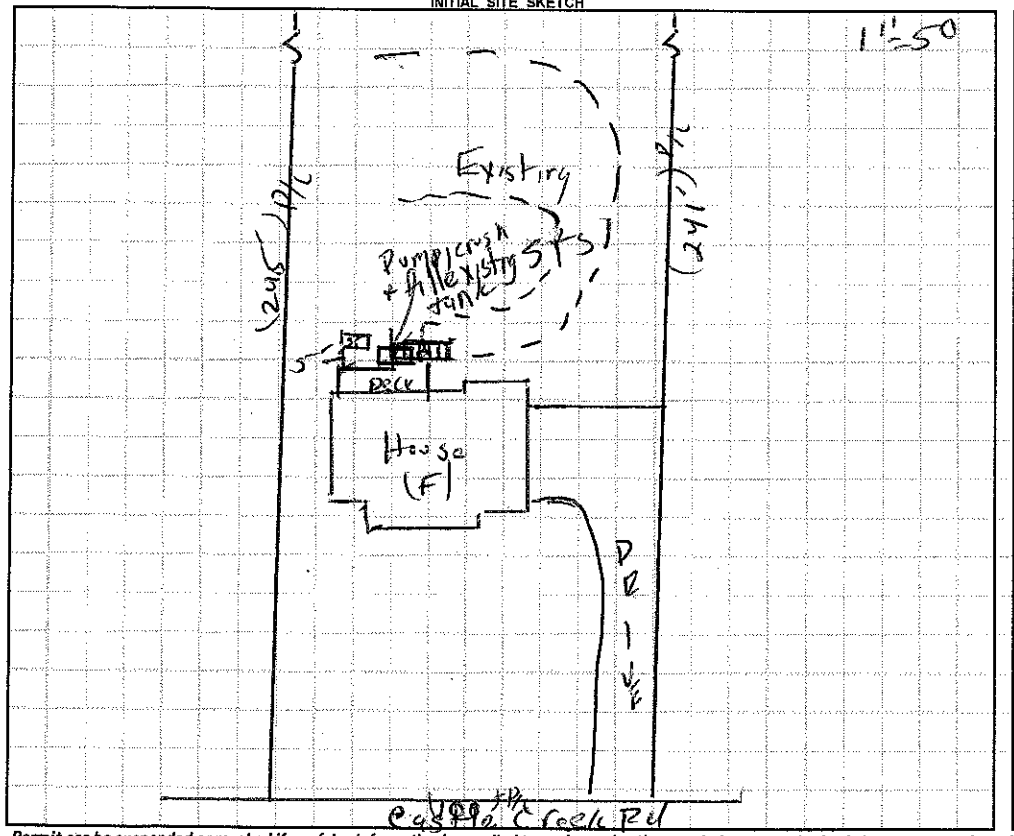
☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump & crush & fill existing tank maintain 5' off any building foundation & 2' off any existing trail line

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: Date:

IMPROVEMENT PERMIT by: Date: 09/08/16

AUTHORIZATION TO CONSTRUCT by: Date: 09/08/16

Installed by: Landry Septic Service

OPERATION PERMIT by: Date: 10/12/16

Existing System Inspected by: Date:

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