IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218511

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

PIN # 4746-60-9325

APPLICANT: Charlotte Reid APPLICANT ADDRESS: 801 Park Drive Statesville, NC 28677

SITE ADDRESS: 319 James Farm Rd. Statesville, NC PHONE: 704 965-0995 ALT. PHONE:

SITE DIRECTIONS: Turnersburg Tpke N from Statesville → R on James Farm Rd → L on James Farm Rd → Lot on Left

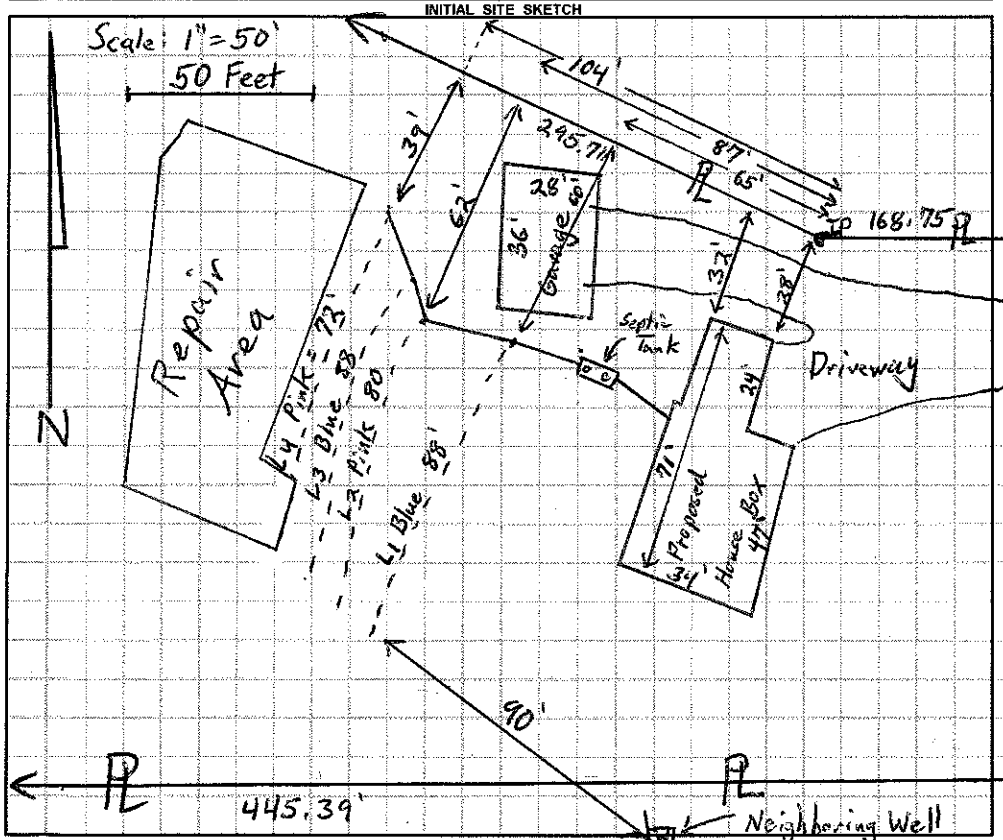
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.89 DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	760	Date	7/15/16	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction - PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	328	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	32"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

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: Charlotte Reid Date: 08/11/16 Installed by: Tibbe Dyke

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/29/16 OPERATION PERMIT by: W Sparks Date: 10/14/16

AUTHORIZATION TO CONSTRUCT by: Date: 08/11/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval,