IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224565

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

PIN # 4746-87-1999

APPLICANT: Nehemiah Woodberry APPLICANT ADDRESS: 2919 Doster Rd. Monroe, NC

SITE ADDRESS: 824 Turnersburg Highway Statesville, NC PHONE: 980-888-5182 ALT. PHONE:

SITE DIRECTIONS: Rt. 21 N from Statesville → Site on Right side of road before Crossing I-77

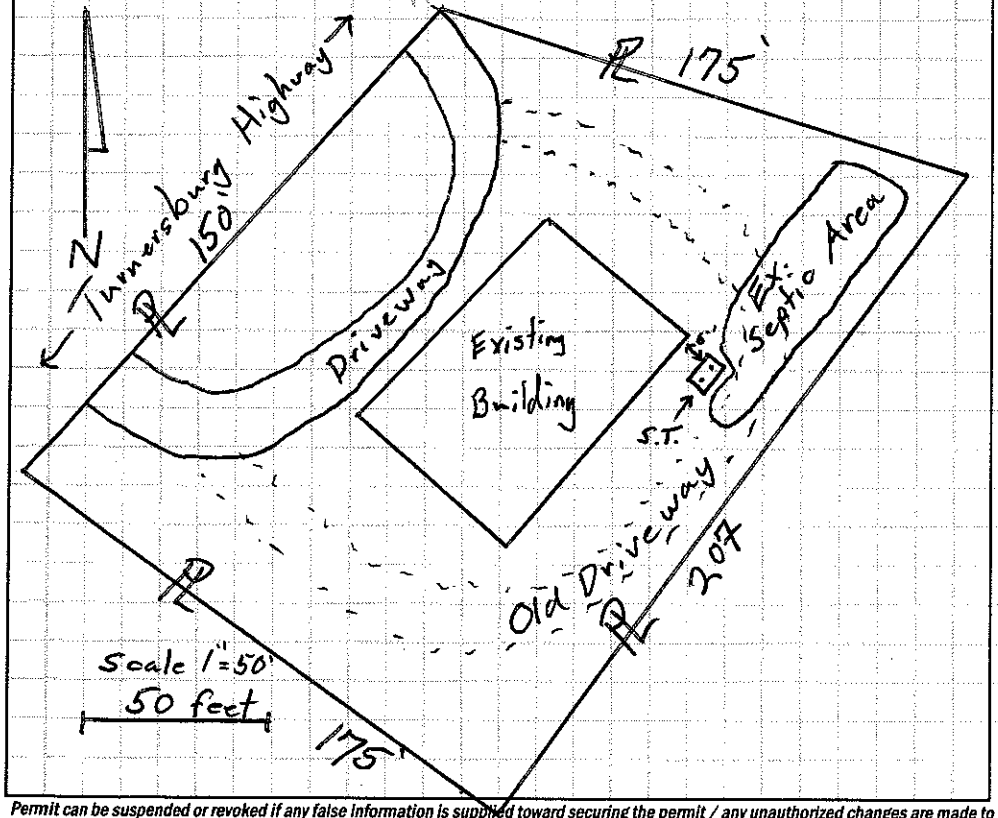
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.70 acres DESIGN FLOW: 100 gals/day L.T.A.R.: Ex

Septic Tank	Ex-	(gal)	STB	Ex	Date	1959	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☐ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing	No. Bedrooms		☐ Private ☐ Public ☐ Community
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing System	☐ Crawl Space	No. Persons		☐ Basement w/o plumbing
Pump Make	—	Model		—	Serial #	—	Repair System Description:			No. Employees	3	
# Nitrification Fields	1 Ex	# Lines	2 Ex	Linear Ft:	150' Ex	Maintenance Agreement Required:	☐ YES	☒ NO				
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE				

Water Supply

Comments / Conditions: Septic system dated ≈ 1959. Recommend pumping septic tank every 3-5 years and conservative water use. Also recommend not driving or parking vehicles around septic area. As the building was unoccupied at time of inspection coupled with what appears to be grading / filling, the functionality of the system is unknown. Condition of the drainfield is also unknown.

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: 4-7-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Shuck Date: 3/17/17

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