IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213983

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

PIN # 4747566489

APPLICANT: Sandra Sylvia APPLICANT ADDRESS: 110 Clacton Ct

SITE ADDRESS: 121 Donsdale Dr Statesville NC PHONE: 704-360-2072 ALT. PHONE: N/A

SITE DIRECTIONS: 77 N 1/2 Then T/L Jennings Rd T/L Whites Farm T/L Donsdale Lot on left

SUBDIVISION: Donsdale SECTION: P1 LOT # 1 LOT AREA: 0.709ac DESIGN FLOW: 360 L.T.A.R.: 6.275

Septic Tank 1000 (gal) STB 620 Date 9-9-15
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Tuftflo Serial # EF4
Nitrification Fields 1 # Lines 4 Linear Ft: 328'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

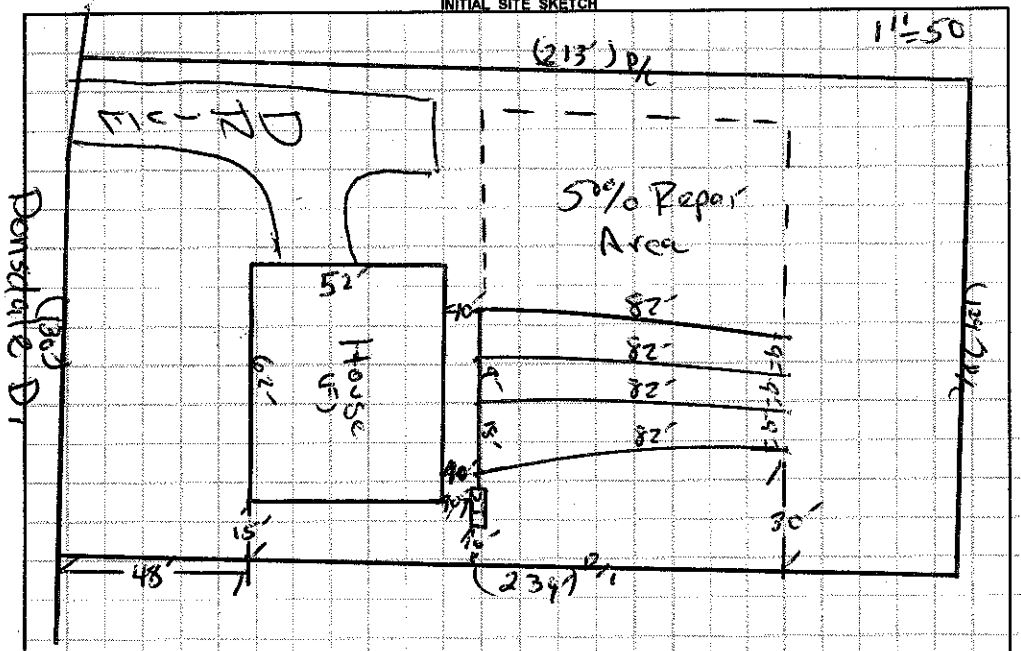
☐ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: 35% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 35% reduction on contour with Serial distribution. Maintain 36" trench depth on high side.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 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: [signature] Date: 10-29-15 Installed by: Barnes Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 10/27/15 OPERATION PERMIT by: [signature] Date: 09/05/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/27/15 Existing System Inspected by: Date:

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