MO

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218071

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

PIN # 4752-96-5232

APPLICANT: Doug Adams APPLICANT ADDRESS: 180 Crestview Acres Rd Statesville, NC

SITE ADDRESS: 180 Crestview Acres Rd. Statesville, NC PHONE: 704-924-1225 ALT. PHONE:

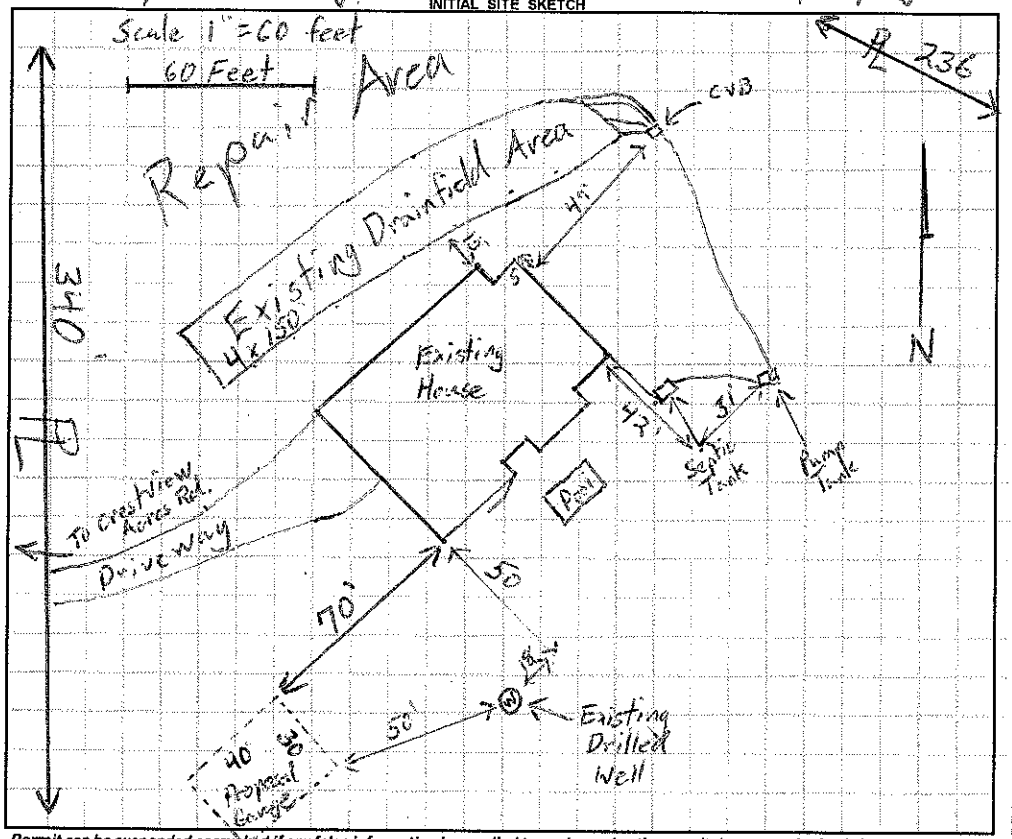
SITE DIRECTIONS: I-77 N From Mooresville → Exit @ Amity Hill Road → Right → Left on Shiloh Rd → Right on Clement Rd → Left on Crestview Acres Rd → on Right

SUBDIVISION: — SECTION: — LOT # 1 LOT AREA: 17.72 acres DESIGN FLOW: 480 gal/day T.A.R.: Existing

Septic Tank	1000 Ex (gal)	STB	885	Date	12-1-07	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 Ex (gal)	PT	302	Date	11-3-09	System Description:	Existing - 25% Reduction PM	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	Existing - 25% Reduction PM	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1 Ex	# Lines	4 Ex	Linear Ft:	600 Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 Ex	Max. Trench Bottom Depth	36 Ex	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Approval is for a 30 x 40 garage in area shown. System appeared mostly functional @ time of inspection with a flow of water/effluent entering pump tank (unbeady home → possible leaky fixture, etc.) 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: Doug Adams Date: 5-27-16 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Tom Rhuck Date: 5-20-16

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