IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2056653

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

PIN # 4753 860181

APPLICANT: Joe Dobbins APPLICANT ADDRESS: 2049 W. Pine St Mt Airy NC 27030

SITE ADDRESS: 2146 Salisbury Rd Statesville NC PHONE: 704-361-0936 ALT. PHONE: 336-469-2928

SITE DIRECTIONS: Corner of Salisbury Hwy & Shiloh Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.38ac DESIGN FLOW: 100 L.T.A.R.: Ex

Septic Tank 1000 (gal) STB Neo Date 12/27/16 — New Tank ☐ Repair ☐ Expansion System Type: I ☒ II III IV V VI

Pump Tank N/A (gal) PT N/A Date N/A — System Description: Change of use

Pump Make N/A Model Polylok Serial # PL-Lok — Repair System Description:

Nitrification Fields Ex # Lines Ex Linear Ft: Ex — Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width Ex Max. Trench Bottom Depth Ex Gravel Depth Ex — ☒ GRAVITY ☐ PRESSURE

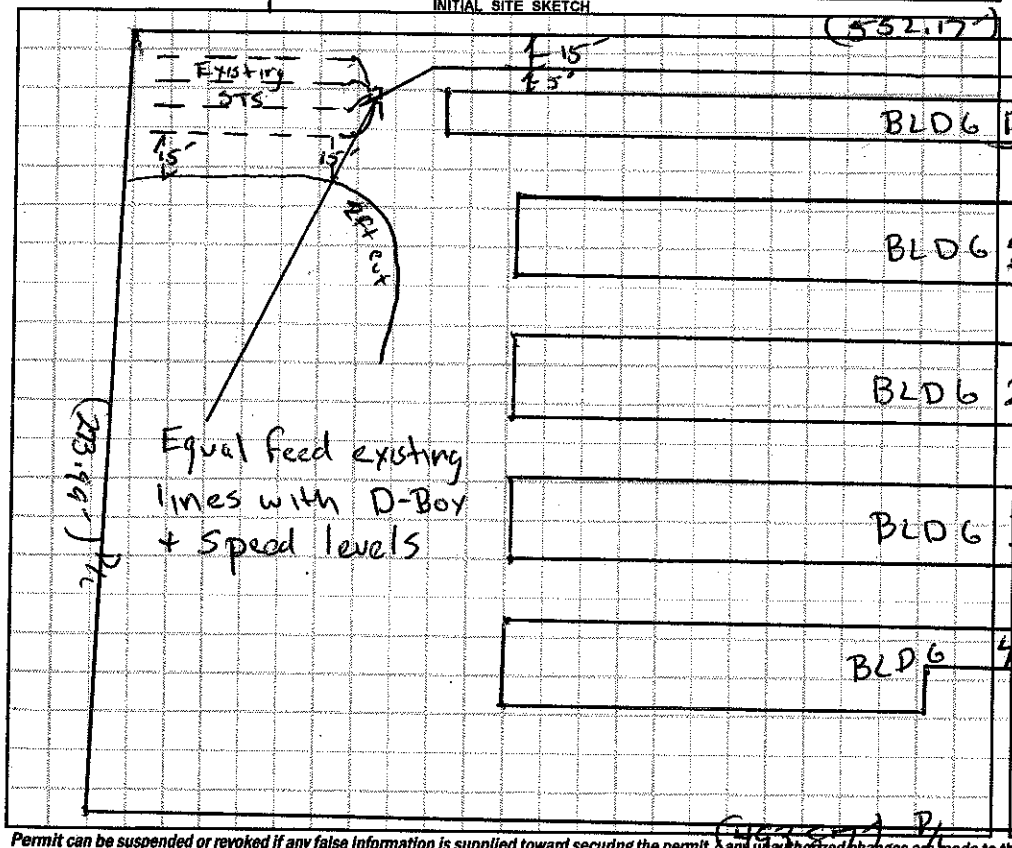
☐ Residence ☒ Business ☐ Other ☒ Slab ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms — No. Persons — No. Employees 3 ☐ Crawl Space

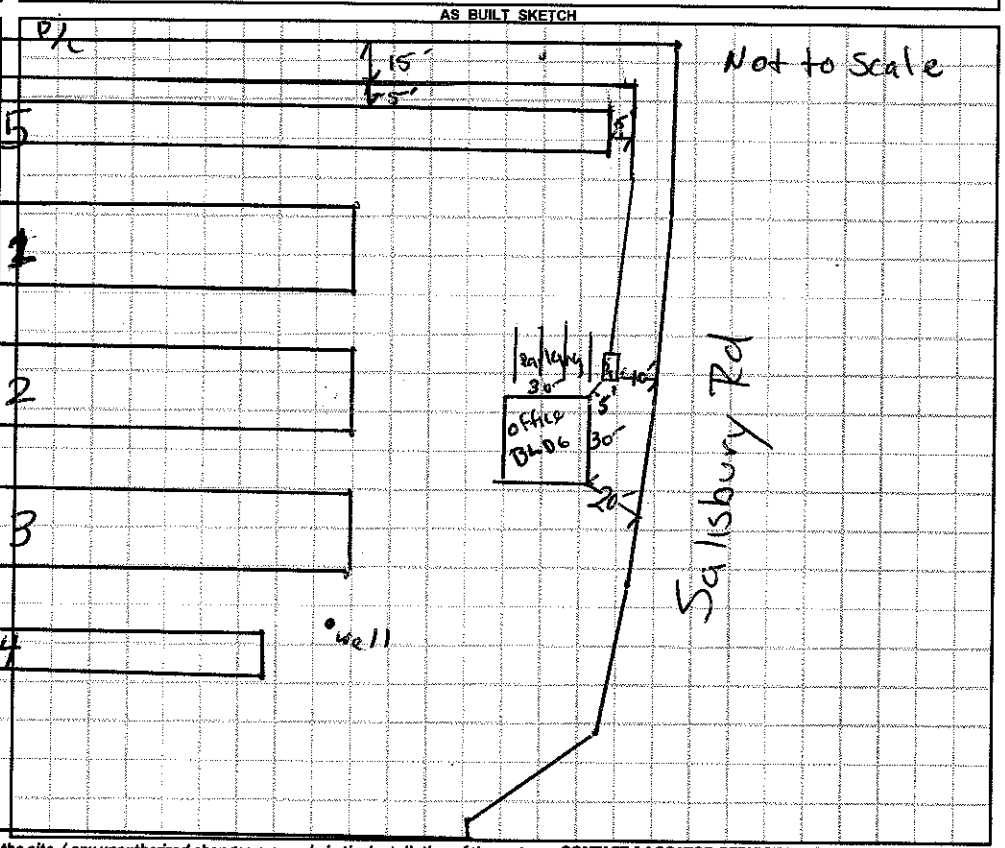
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: All parts of STS must be 35' from any building foundation. Equal feed existing lines with D-Boy and Speed levels

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: 1-31-17 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: Date: 01/31/17 OPERATION PERMIT by: Date: 02/06/17

AUTHORIZATION TO CONSTRUCT by: Date: 01/31/17 Existing System Inspected by: Date:

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