IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BF 2058TH

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

APPLICANT: John Jackson PIN # 4754526414

SITE ADDRESS: 1217 mt Olive Rd Statesville NC APPLICANT ADDRESS: 1217 MT Olive Rd Statesville NC

SITE DIRECTIONS: From center St to Salisbury Rd to Eastside dr to E Greenbriar to mt Olive rd PHONE: 704-902-6886 ALT. PHONE: N/A

SUBDIVISION: N/A SECTION: N/A LOT # 1 LOT AREA: 3.045 ac DESIGN FLOW: 360 L.T.A.R.: EX

Septic Tank EX (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EX # Lines EX Linear Ft: EX
Trench Width EX Max. Trench Bottom Depth EX Gravel Depth EX

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Existing
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☑ GRAVITY ☐ PRESSURE

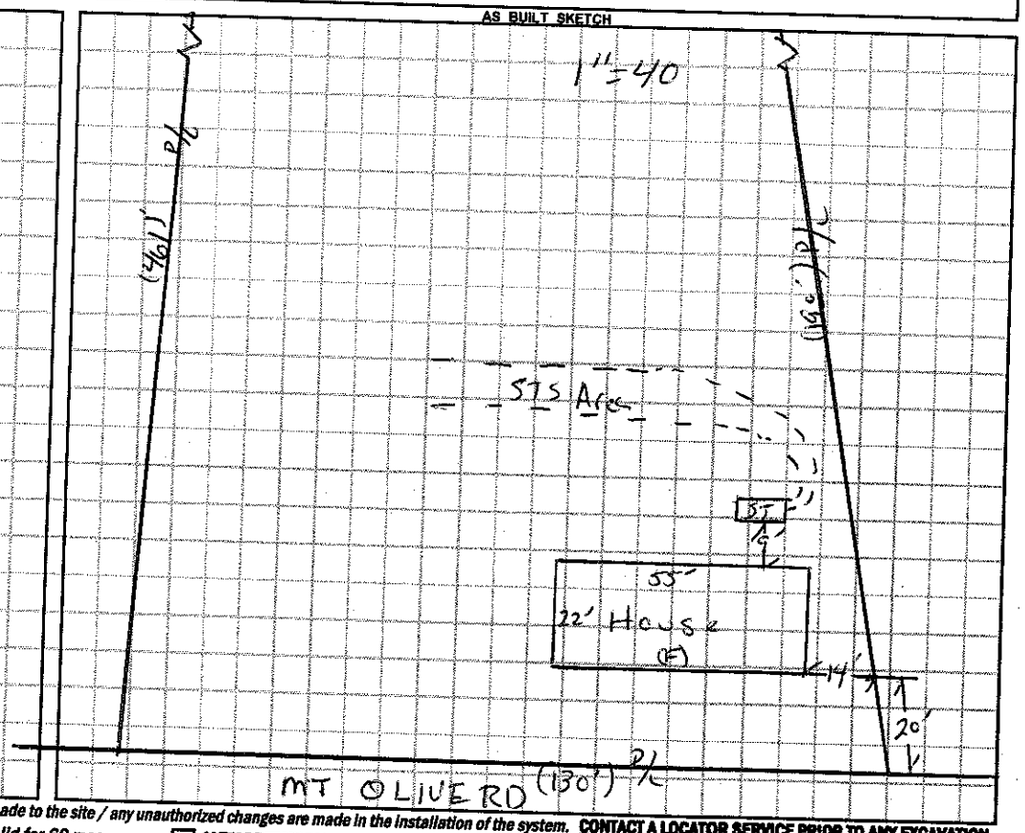
☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: All building foundations must be 35' from any part of STS

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: 9/23/14 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 09/23/14

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