IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 208/24

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

PIN # 4756047541

APPLICANT: Scott Feimster | APPLICANT ADDRESS: 170 Danbury Ln Statesville NC 28625

SITE ADDRESS: 170 Danbury Ln Statesville | PHONE: 704-880-4385 | ALT. PHONE: 704-880-4385

SITE DIRECTIONS: 21 N T/R Jane Sowers T/L Danbury Ln Lot on left

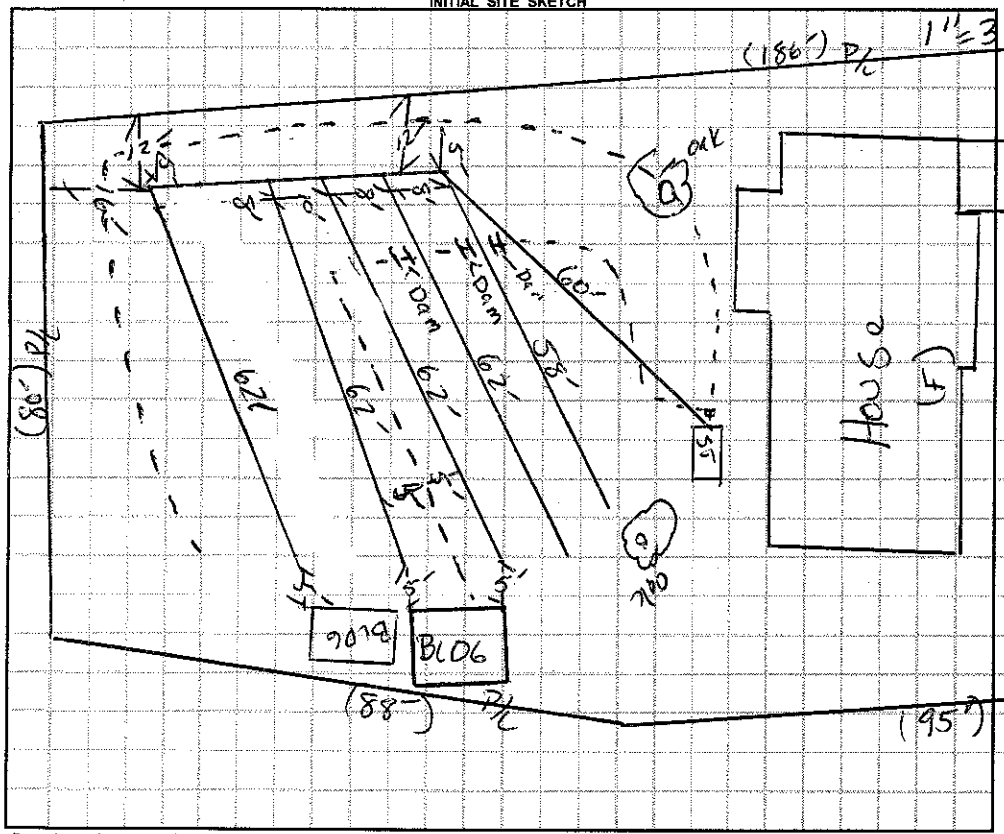
SUBDIVISION: Danbury Forest | SECTION: 51 | LOT # 3 | LOT AREA: 0.41ac | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	Ex (gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 5		Linear Ft: 308	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

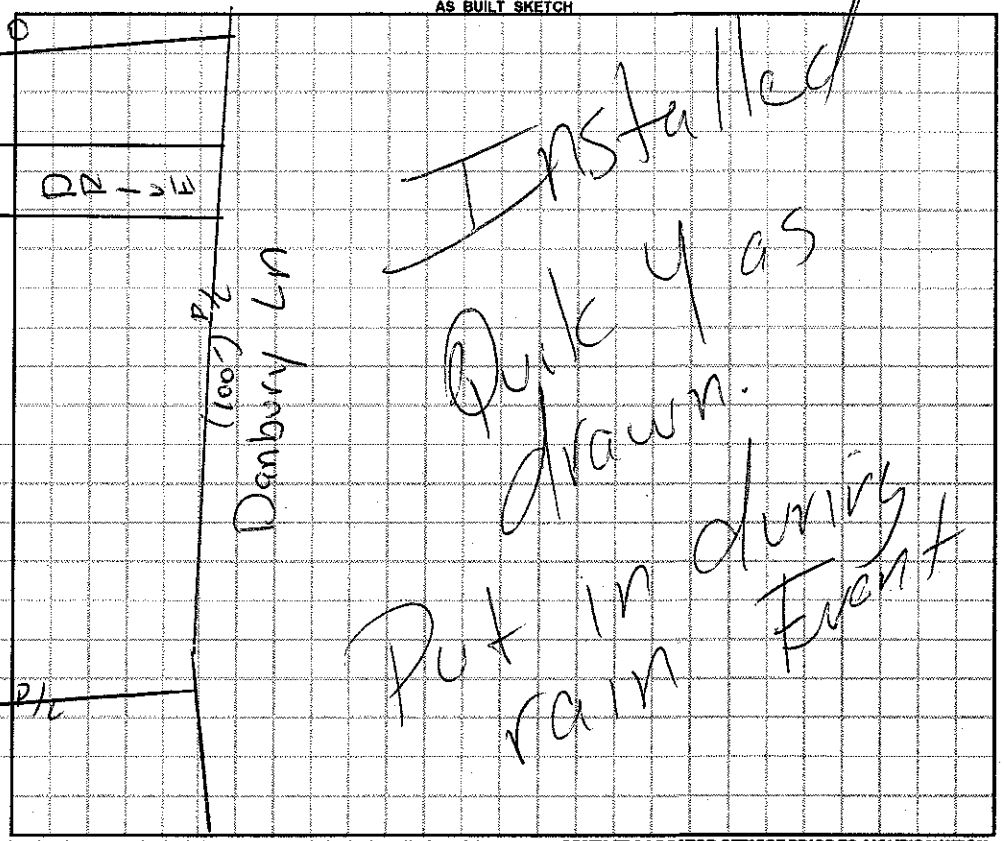
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Check tank, check tee replace if needed. Earthen dam between lines where existing is crossed. maintain 36" TD

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: 2/5/15 Installed by: Tommy Fry

IMPROVEMENT PERMIT by: [signature] Date: 02/05/15 OPERATION PERMIT by: [signature] Date: 03/09/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 02/05/15 Existing System Inspected by: Date:

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