IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216124

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

PIN # 4757482009

APPLICANT: Nicholas Cornett APPLICANT ADDRESS: 155 Four Winds Dr Statesville NC 28625

SITE ADDRESS: 155 Four Winds Dr Statesville NC 28625 PHONE: 704-426-9548 ALT. PHONE: N/A

SITE DIRECTIONS: 21 N T/L Maple Creek T/L Four Winds Lot on left

SUBDIVISION: Maple Creek SECTION: S1 LOT # 26 LOT AREA: 1.1 ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 220
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: 25% Reduction
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

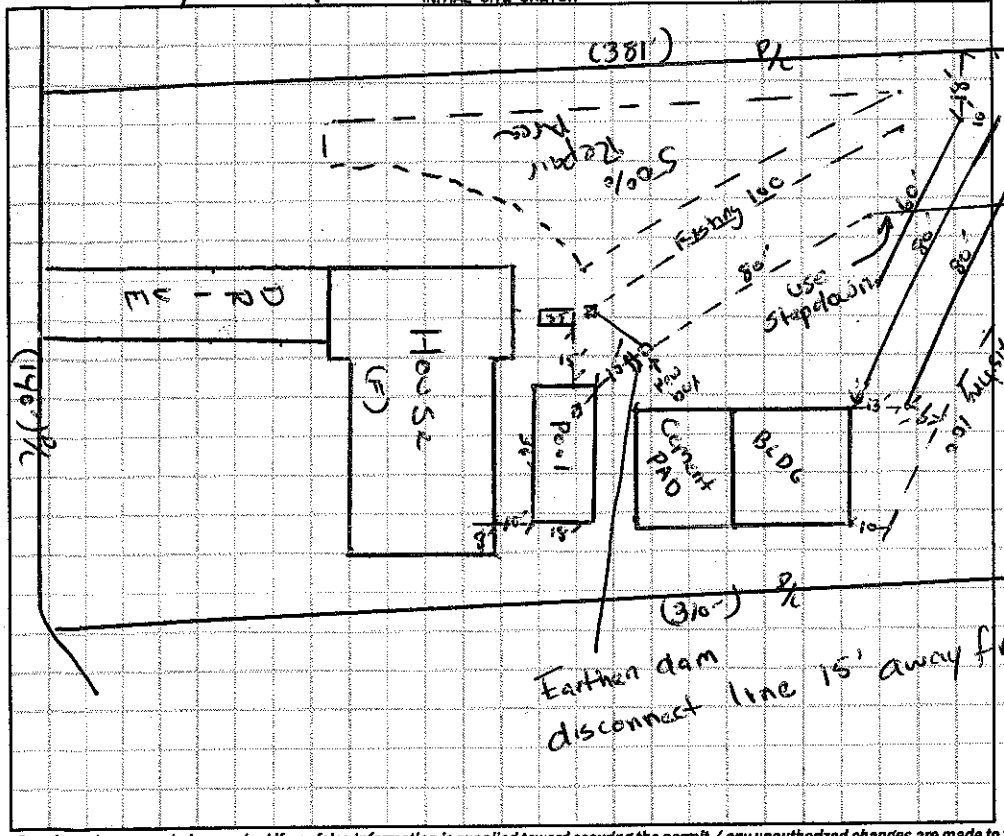
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

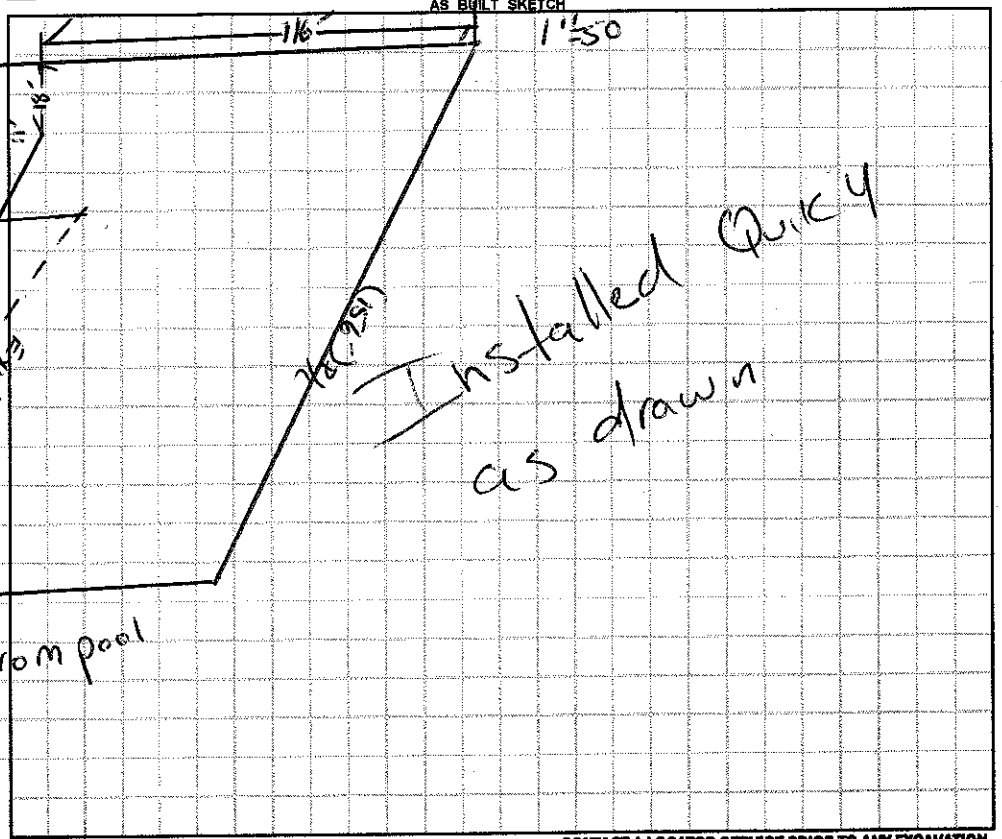
Comments / Conditions: Install 25% reduction on contour with serial distribution. check tank, check tee replace if needed. Earthen dam existing line 15' away from pool. Use step down at end of 80' line

* The purpose of this permit is to relocate 220' of line due to pool building & concrete pad impact *

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: Nicholas S Cornett Date: 02/03/16 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 02/03/16 OPERATION PERMIT by: Date: 03/10/16

AUTHORIZATION TO CONSTRUCT by: Date: 02/03/16 Existing System Inspected by: Date:

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