IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210698

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

PIN # 4757572350

APPLICANT: Tori Edge APPLICANT ADDRESS: 220 Maple Creek Dr Statesville NC

SITE ADDRESS: 220 Maple Creek Dr Statesville NC PHONE: 336-638-5485 ALT. PHONE: 704-876-2212

SITE DIRECTIONS: 21 N T/L Maple Creek Lot on right

SUBDIVISION: Maple Creek SECTION: I LOT # 4 LOT AREA: 1.438ac DESIGN FLOW: Ex 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 N/A

☐ 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

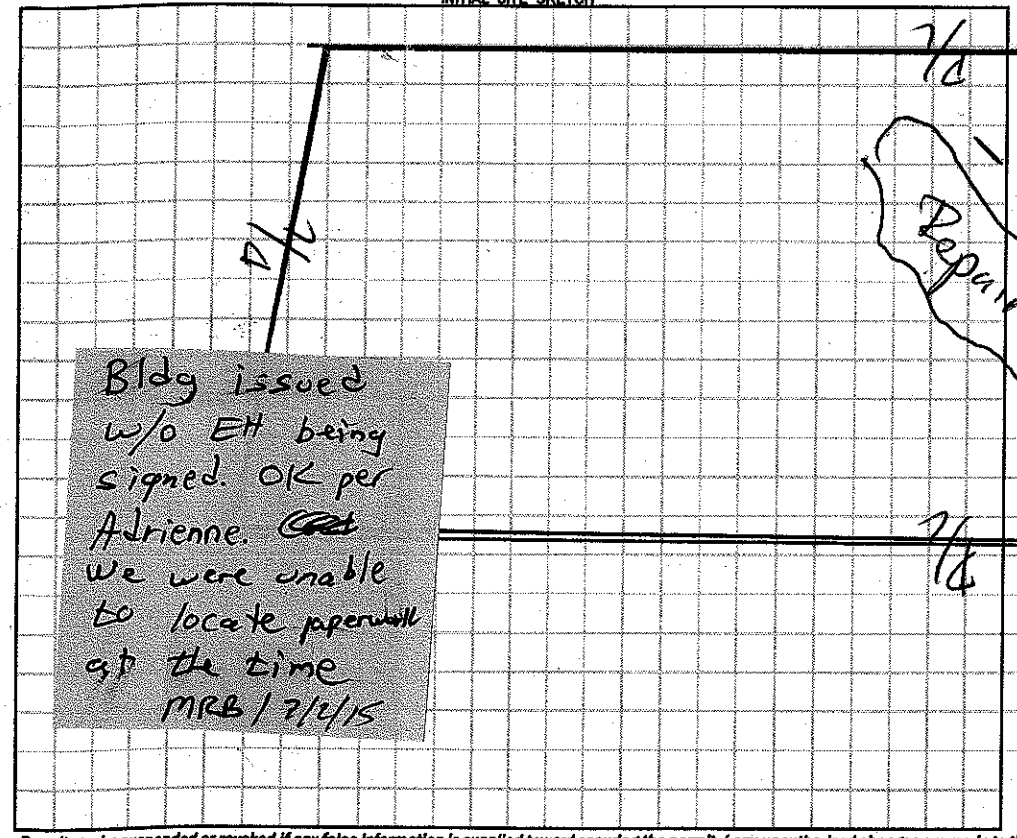
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing

No. Bedrooms Ex No. Persons Ex No. Employees ☐ Crawl Space ☐ Basement w/o plumbing

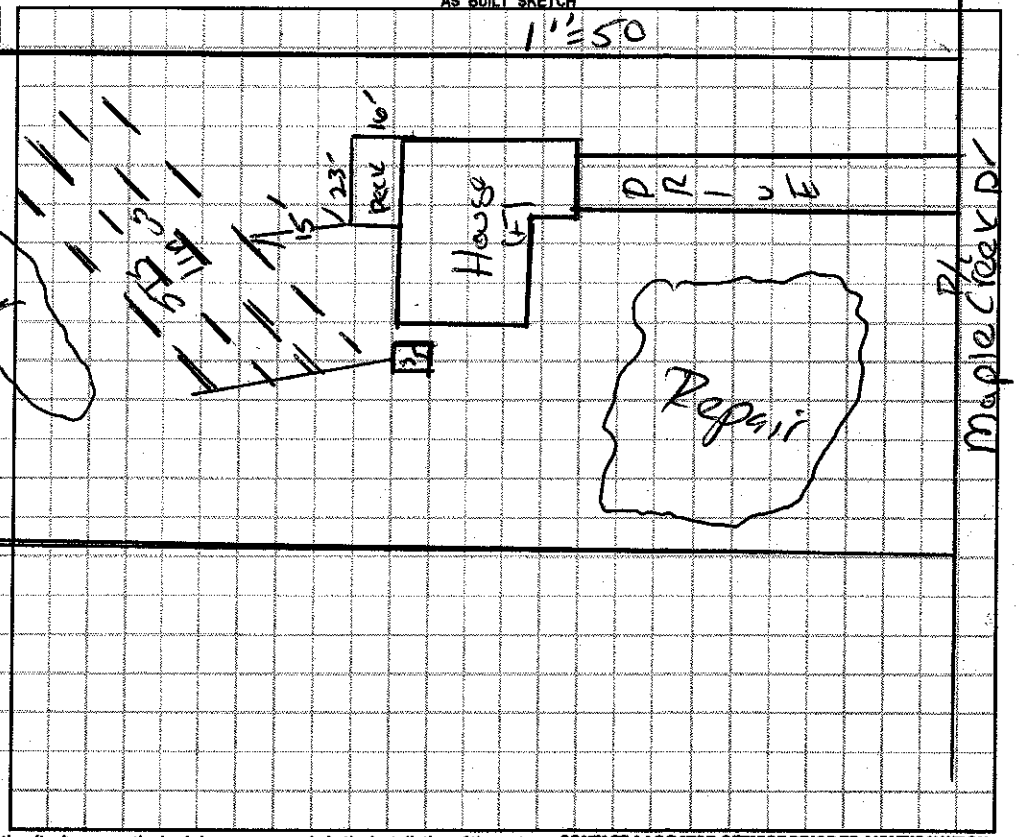
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: All building foundations must be 55' 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: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 06/03/15

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