IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218056

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

PIN # 4758870182 0051

APPLICANT: Jan Petree APPLICANT ADDRESS: 608 Haywood Ln Statesville NC

SITE ADDRESS: 129 Windrow Ln Statesville NC PHONE: 704-873-5367 ALT. PHONE: 704-902-4607

SITE DIRECTIONS: 21N TL Fairmount TL Windrow Lot at end on left

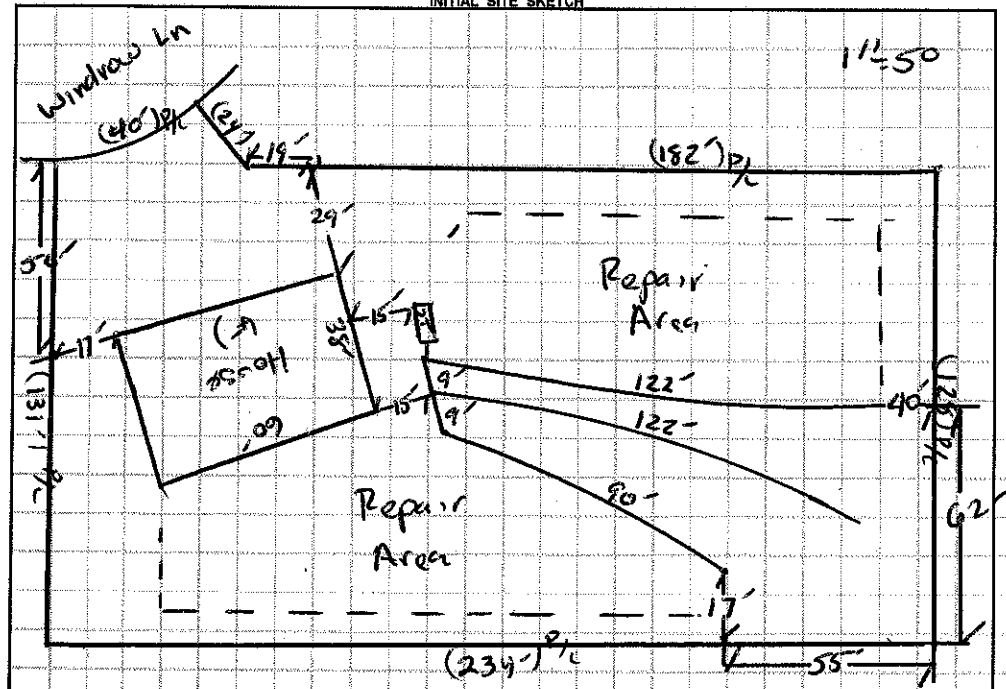
SUBDIVISION: Fairmount Fields SECTION: N/A LOT # 8 LOT AREA: 0.7ac DESIGN FLOW: 360 L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	1012	Date	3-14-16	☒ 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:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	330	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: Install 25% reduction on contour with serial distribution.
* Install high side of trench at 36" *

INITIAL SITE SKETCH



1"=50'

AS BUILT SKETCH

Installed Quick 4

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: Jan Petree Date:

IMPROVEMENT PERMIT by: Date: 06/02/16

AUTHORIZATION TO CONSTRUCT by: Date: 06/02/16

Installed by: Steven Jordan

OPERATION PERMIT by: Marian Dotson RS Date: 9/22/16

Existing System Inspected by: Date:

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