IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213045

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

PIN # 4763229321

APPLICANT: Thurman Bates APPLICANT ADDRESS: 111 Deal Ln Statesville NC

SITE ADDRESS: 116 Lena Dr Statesville NC PHONE: 803-578-9771 ALT. PHONE: N/A

SITE DIRECTIONS: 70 E T/R Nabors Rd T/L Lena Dr

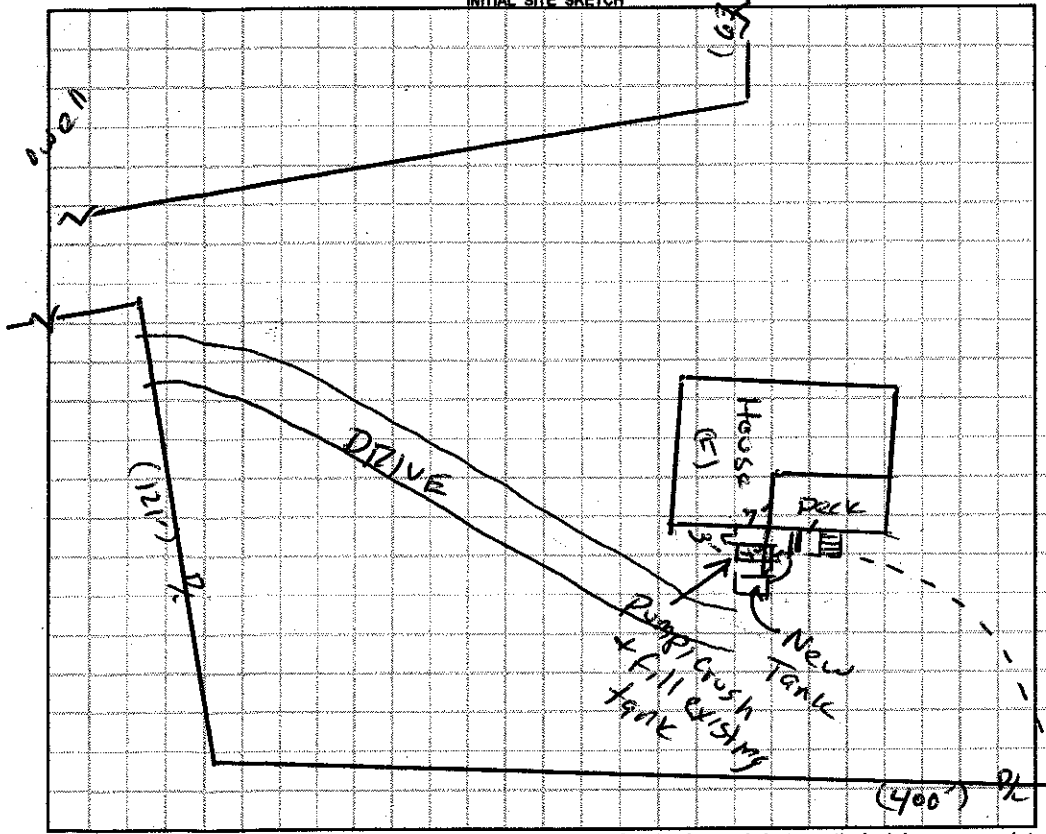
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.428ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	1600	Date	7-6-15	☐ New System	☒ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms Ex
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	Tank			☐ Business	No. Persons Ex
Pump Make	N/A	Model	Polylok	Serial #	Polylok	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	Ex	# Lines	Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	Ex		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

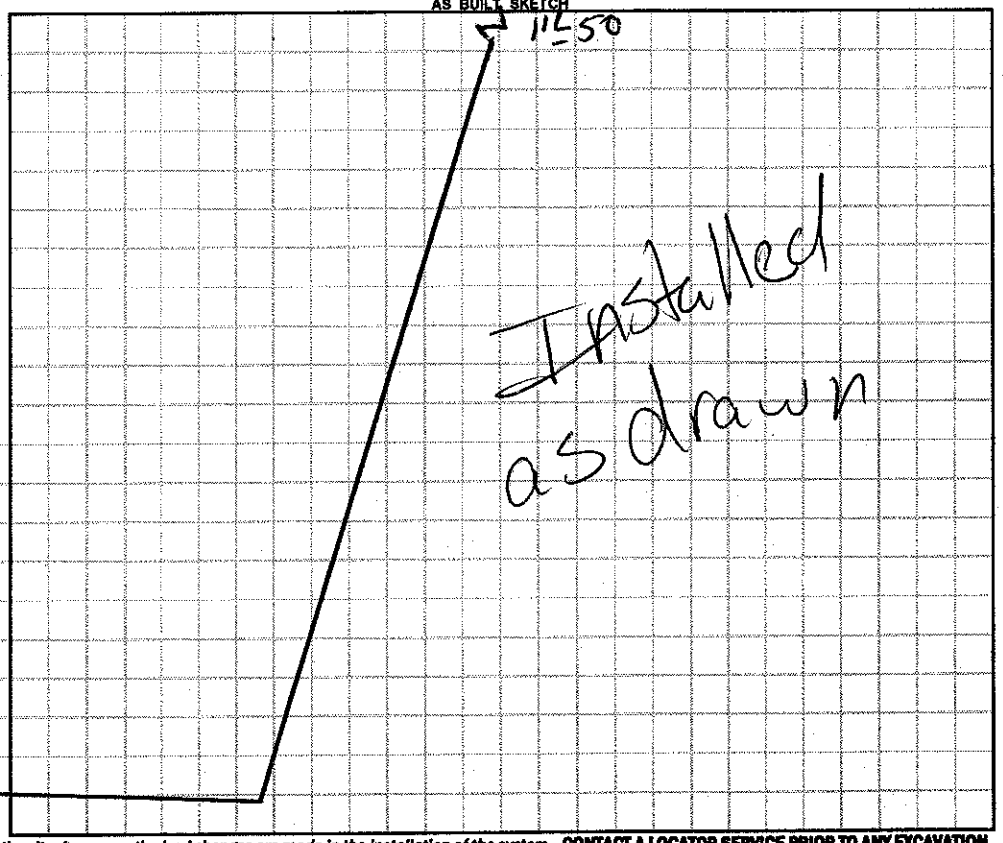
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pump, crush & fill existing tank.
Maintain 5' off any building foundation
Maintain no more than 6" of
cover over access

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: K+M Grading

IMPROVEMENT PERMIT by: _____ Date: 08/28/15 OPERATION PERMIT by: _____ Date: 09/01/15

AUTHORIZATION TO CONSTRUCT by: _____ Date: 08/28/15 Existing System Inspected by: _____ Date: _____

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