IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 224762

PIN # 4765434462.622-628

APPLICANT: Allen D Campbell APPLICANT ADDRESS: 131 Woodview Dr Statesville NC 28625

SITE ADDRESS: 628 Mocksville Hwy Statesville NC PHONE: 704-878-9129 ALT. PHONE: N/A

SITE DIRECTIONS: 64E 1st house on right past Dollar General Store

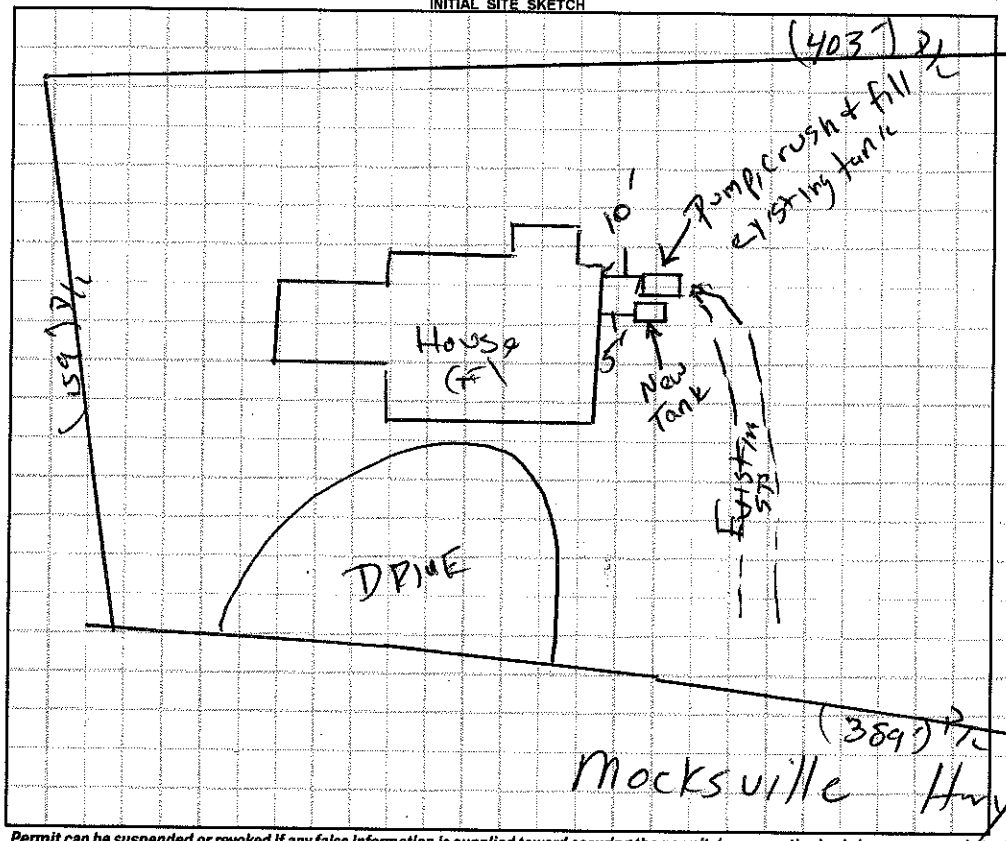
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.785 ac DESIGN FLOW: Ex L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	760	Date	12-6-16	☐ 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	Poly lok		Serial #	PL-Cer	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

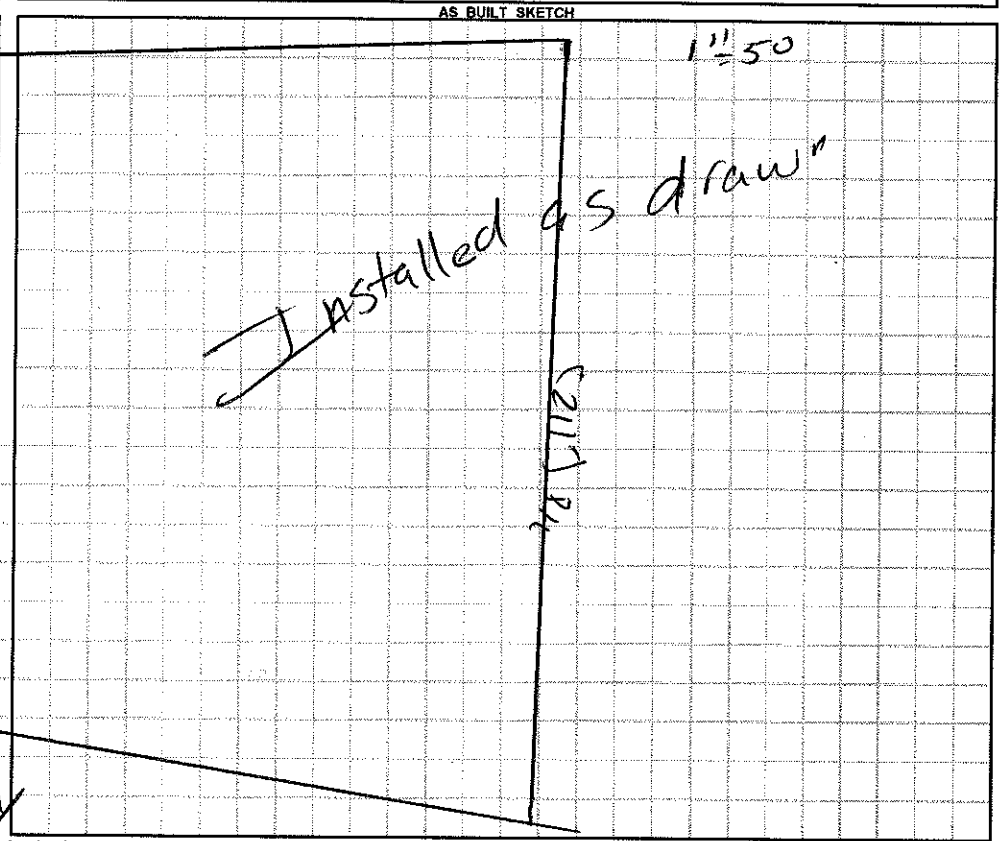
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Pump krush + fill existing tank
Maintain no greater than 6" of cover over tank.

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: Allen Campbell Date: 02-16-17 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: Date: 02/15/17 OPERATION PERMIT by: Date: 02/21/17

AUTHORIZATION TO CONSTRUCT by: Date: 02/15/17 Existing System Inspected by: Date:

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