IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220649

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

PIN # 4765-56-6364

APPLICANT: Scott Cool APPLICANT ADDRESS: 166 Oak Haven Rd Statesville NC

SITE ADDRESS: 166 Oak Haven ~~Rd~~ DR Statesville NC PHONE: 704-881-7973 ALT. PHONE: 704-881-7973

SITE DIRECTIONS: 64E T/L River Hill Rd T/R Oak Haven Rd

SUBDIVISION: Country Woods Estate SECTION: N/A LOT # 37 LOT AREA: 0.438ac DESIGN FLOW: 360 L.T.A.R.: Ex

Septic Tank 1000 (gal) STB 760 Date 1-9-16
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Poly Lok Serial # PL-69
Nitrification Fields Ex # Lines Ex Linear Ft: Ex
Trench Width ____ Max. Trench Bottom Depth ____ Gravel Depth ____

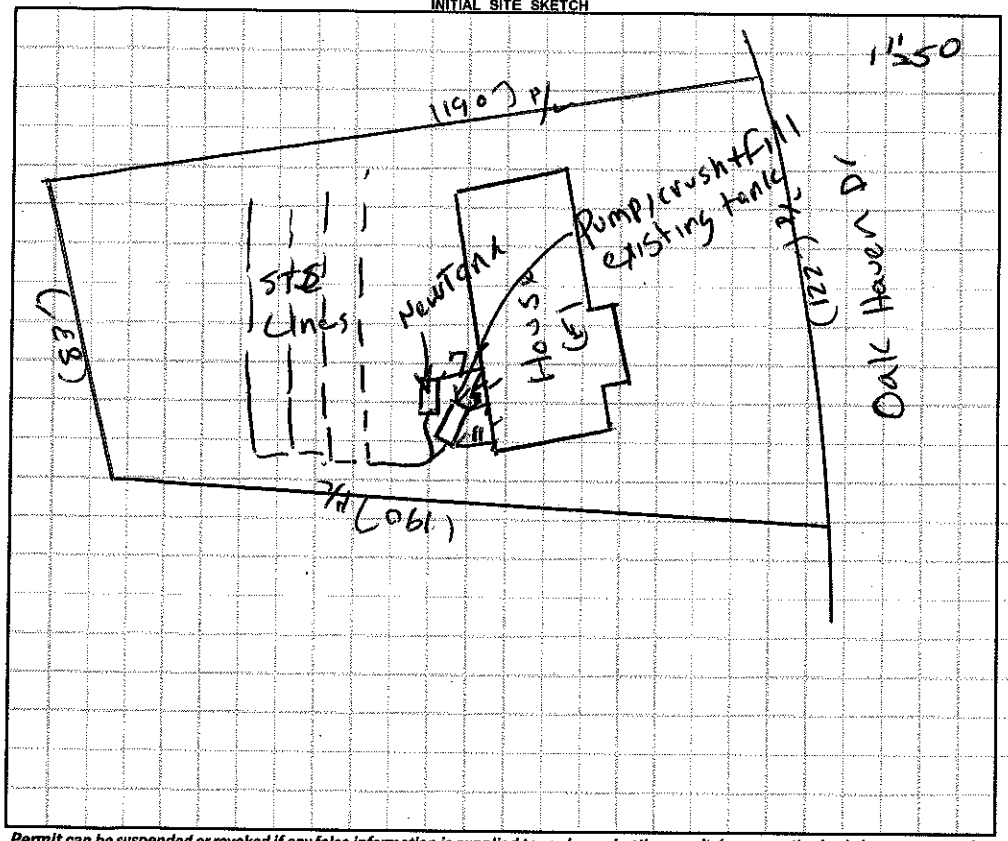
☐ New System ☒ Repair ☐ Expansion System Type: ☐ I ☐ II III IV V VI
System Description: Tank
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees ____
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

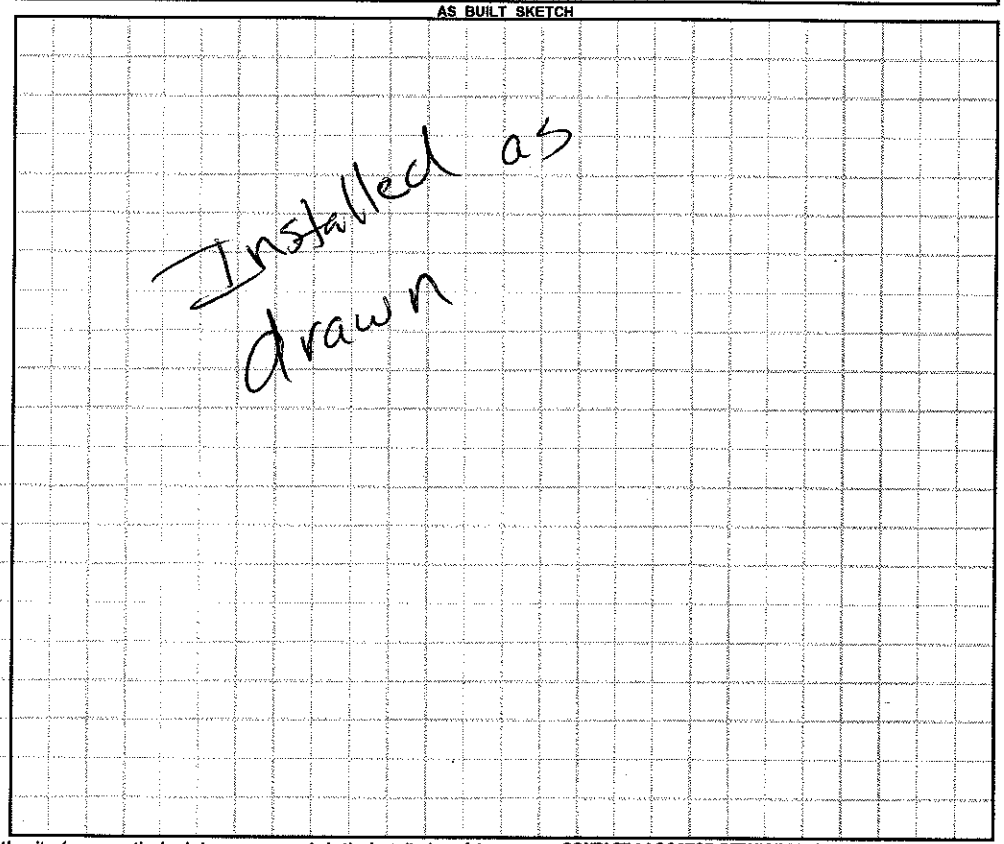
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump/crush & fill existing tank
maintain all set backs off foundations

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: Scott M. Cool Date: ____ Installed by: Lantz Waskwater

IMPROVEMENT PERMIT by: [signature] Date: 08/09/16 OPERATION PERMIT by: [signature] Date: 08/18/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 08/09/16 Existing System Inspected by: ____ Date: ____

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