IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office

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

APPLICANT: GINGER SPARKS — APPLICANT ADDRESS: 106 SAWHORSE DR. MOORESVILLE

SITE ADDRESS: 1519 TRIPLETT RD. CLEVELAND, NC 27013 — PHONE: 704-450-7801 — ALT. PHONE:

SITE DIRECTIONS: HWY 115 N, TR MAIZEPPA RD, TL TRIPLETT, N 2.5 MILES ON RIGHT JUST PAST FOREST VIEW & BEFORE HIL

SUBDIVISION: — SECTION: — LOT #: — LOT AREA: 3.93 ACRE — DESIGN FLOW: 480 GPD — L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	825-1000	Date	5-25-14		
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	4 @ 100'	Linear Ft:	400		
Trench Width	36"	Max. Trench Bottom Depth	33"	Gravel Depth	N/A		

☑ New System ☐ Repair ☐ Expansion — System Type: I II III IV V VI

System Description: 35% REDUCTION / - GRAVITY

Repair System Description: SAME

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence — No. Bedrooms: 4

☐ Business — No. Persons: 8

☐ Other — No. Employees:

☐ Slab ☑ Crawl Space

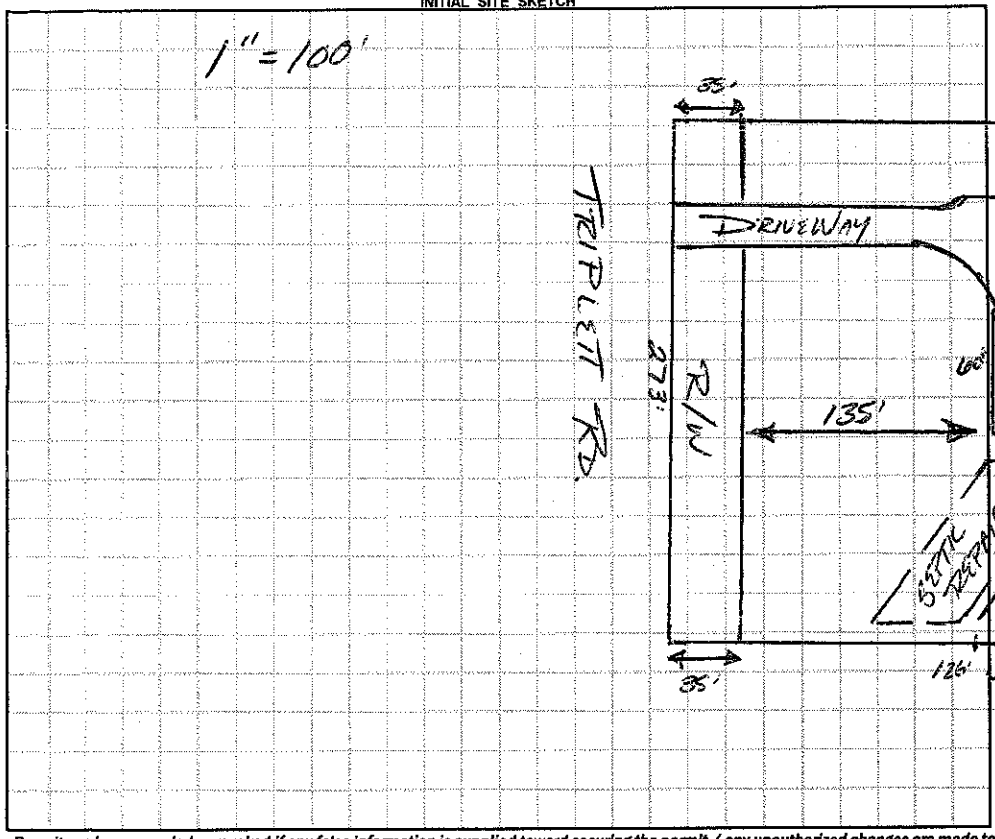
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

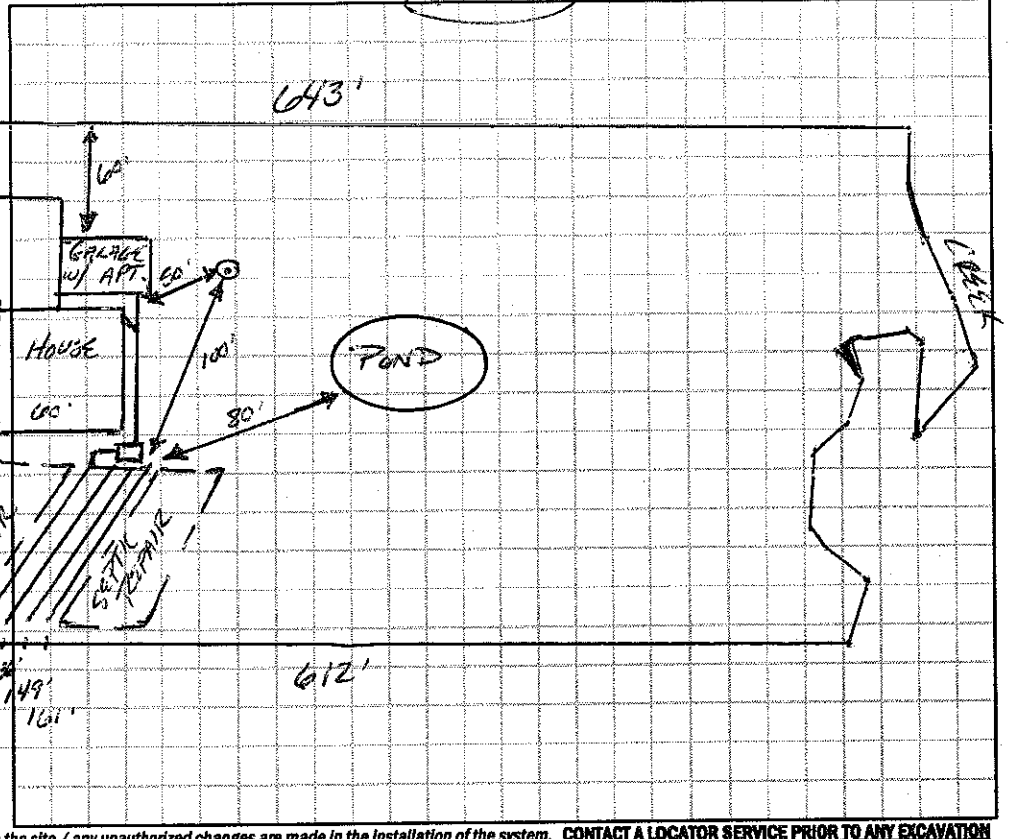
Comments / Conditions: MUST KEEP SEPTIC SYSTEM AT LEAST 10' FROM PL, 5' FROM HOUSE & 100' FROM WELL. IF REPAIR IS UTILIZED IT MUST REMAIN 50' FROM POND.

* 3 BR IN MAIN HOUSE PLUS ADDITIONAL BR OVER GARAGE. (TIE PLUMBING FROM GARAGE TO MAIN HOUSE SEPTIC SYSTEM.)

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: ROWAN SEPTIC

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: 8/6/14

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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