IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208883

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

PIN # 4775057479

APPLICANT: B. N. McKinney APPLICANT ADDRESS: 177 Spring Forest Dr Statesville NC

SITE ADDRESS: 177 Spring Forest Dr Statesville NC PHONE: 704-873-6933 ALT. PHONE: N/A

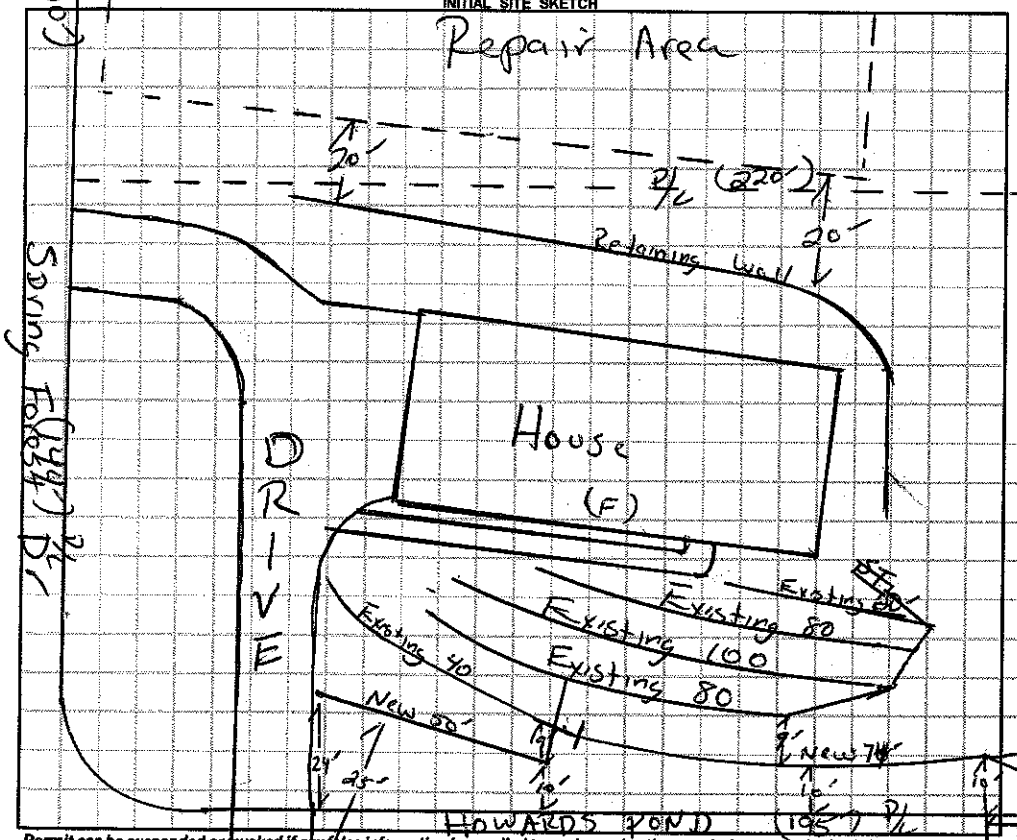
SITE DIRECTIONS: 64E T/L Sain Rd T/L Spring Forest on Corner of Howards Pond Rd

SUBDIVISION: Spring Forest SECTION: N/A LOT # 58+59 LOT AREA: 1.3099ac DESIGN FLOW: 480 L.T.A.R.: 0.25

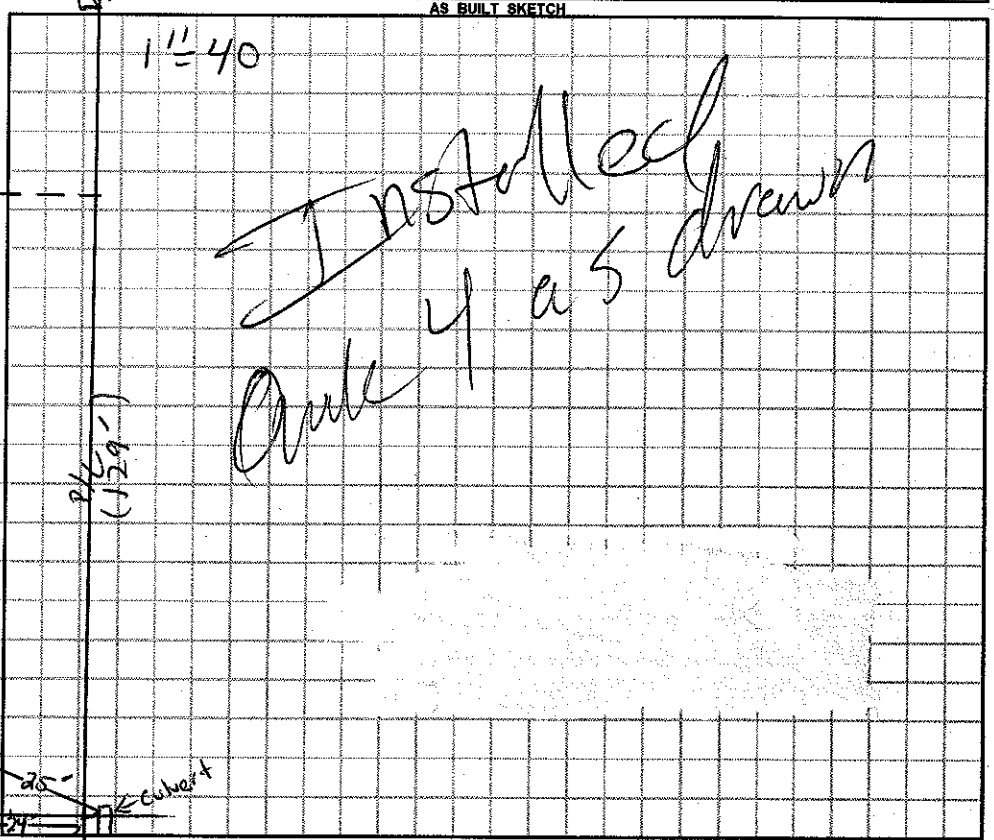
Septic Tank	Existing (gal)	STB		Date		☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	2	Linear Ft:	120	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour with Serial distribution. Check tank, check tee replace if needed.

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: B. N. McKinney Date: 4/7/15 Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Date: 03/30/15 OPERATION PERMIT by: Date: 02/03/17

AUTHORIZATION TO CONSTRUCT by: Date: 04/08/15 Existing System Inspected by: Date:

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