3600

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216724

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

PIN # 4776-82-2094.000

APPLICANT: Colby Lewis APPLICANT ADDRESS: 1796 Old Mocksville Rd.

SITE ADDRESS: 134 Poplar Leaf Ln. Statesville NC PHONE: 704-437-2850 ALT. PHONE: N/A

SITE DIRECTIONS: 64 E, R Summers Rd., R Poplar Leaf, Site on R

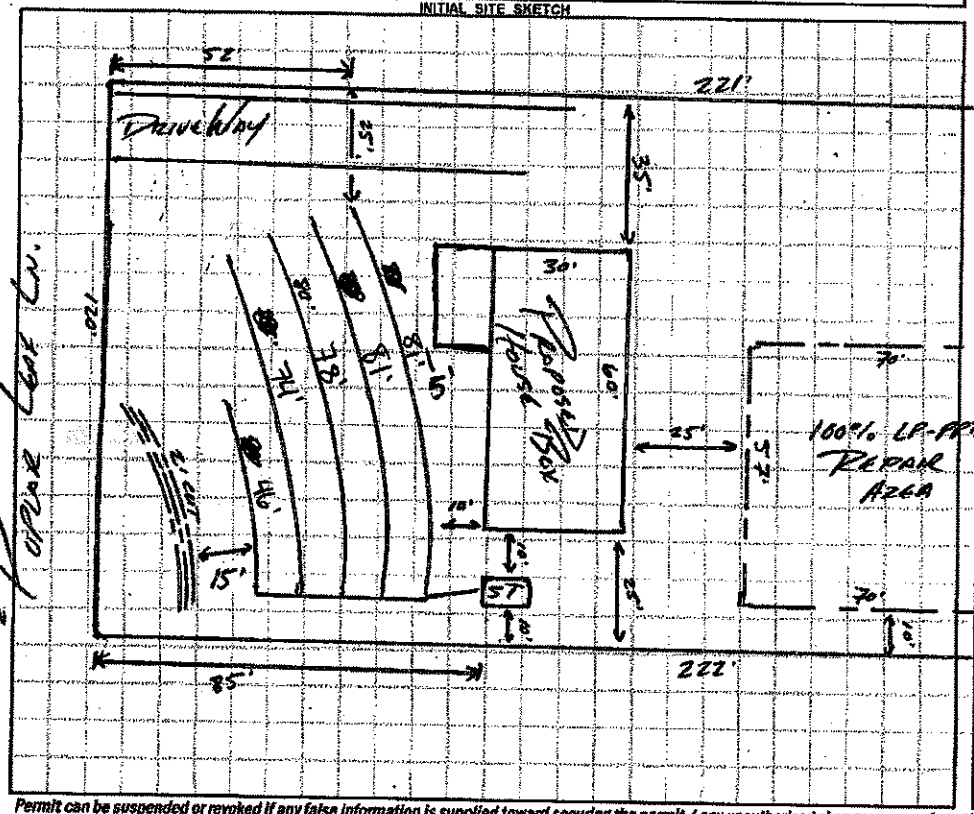
SUBDIVISION: Fifth Creek Estates SECTION: 2 LOT # 15 LOT AREA: .611 Acre DESIGN FLOW: 360 GPD. L.T.A.R.: .25 / .3 R

Septic Tank	1000 (gal)	STB	1M-1060	Date		☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction - Gravity	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LP-PRBPS (w/ Additional Cover)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	30" Lowest	Gravel Depth	N/A		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

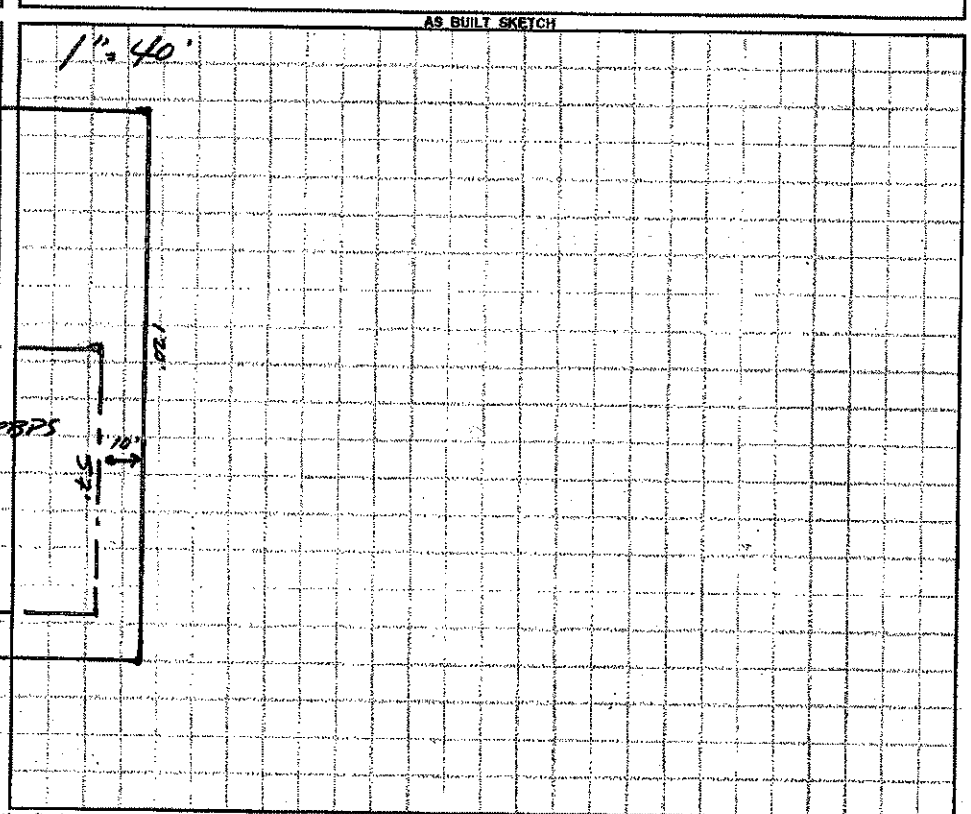
Comments / Conditions: Follow Rule NC Septic Rules. Remove Fill Fires in Septic Area.

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 40'



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: Colby Lewis Date:

IMPROVEMENT PERMIT by: APPROVED: MAR 27 2016

AUTHORIZATION TO CONSTRUCT by: Date: 6-3-16

Installed by: Tommy Fry

OPERATION PERMIT by: Date: 1-19-17

Existing System Inspected by: Date:

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