IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # BE 215103

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

PIN # 4784464196

APPLICANT: Daniel L Clark APPLICANT ADDRESS: 349 Longview Rd Statesville NC 28625

SITE ADDRESS: 349 Longview Rd Statesville NC 28625 PHONE: 704-310-0023 ALT. PHONE: 704-929-5864

SITE DIRECTIONS: 64E T/R Barry Oak Rd T/R Longview Rd Lot on left

SUBDIVISION: N/A SECTION: N/A LOT# N/A LOT AREA: 2.99 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank: 1000 (gal) STB 760 Date 12-8-15
Pump Tank: 1000 (gal) PT 363 Date 12-15-15
Pump Make: Model Web312AU Serial # 6E14E15
Nitrification Fields: 1 # Lines: 3 Linear Ft: 342'
Trench Width: 36" Max. Trench Bottom Depth: 20" Low side Gravel Depth: N/A

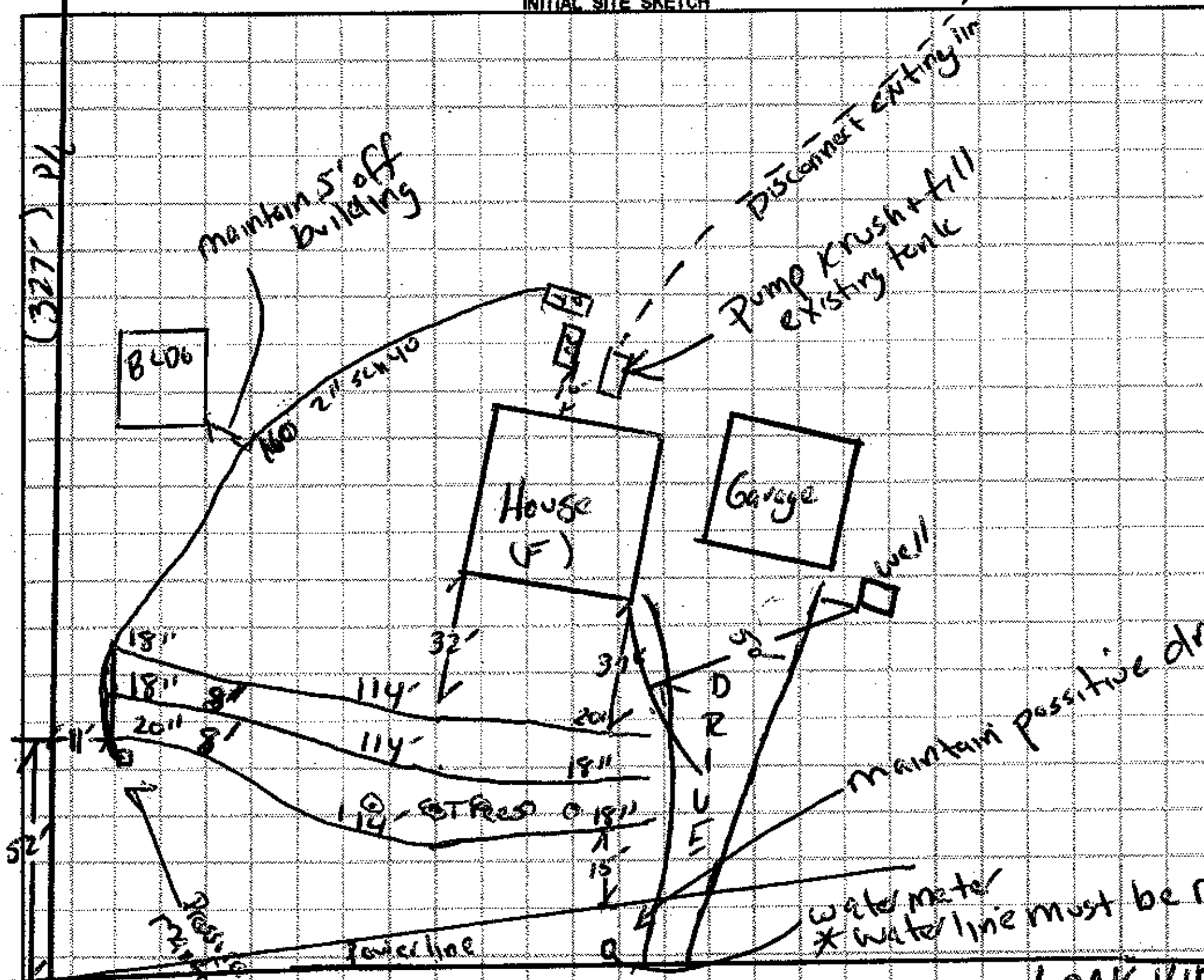
☐ New System ☒ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description:
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

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

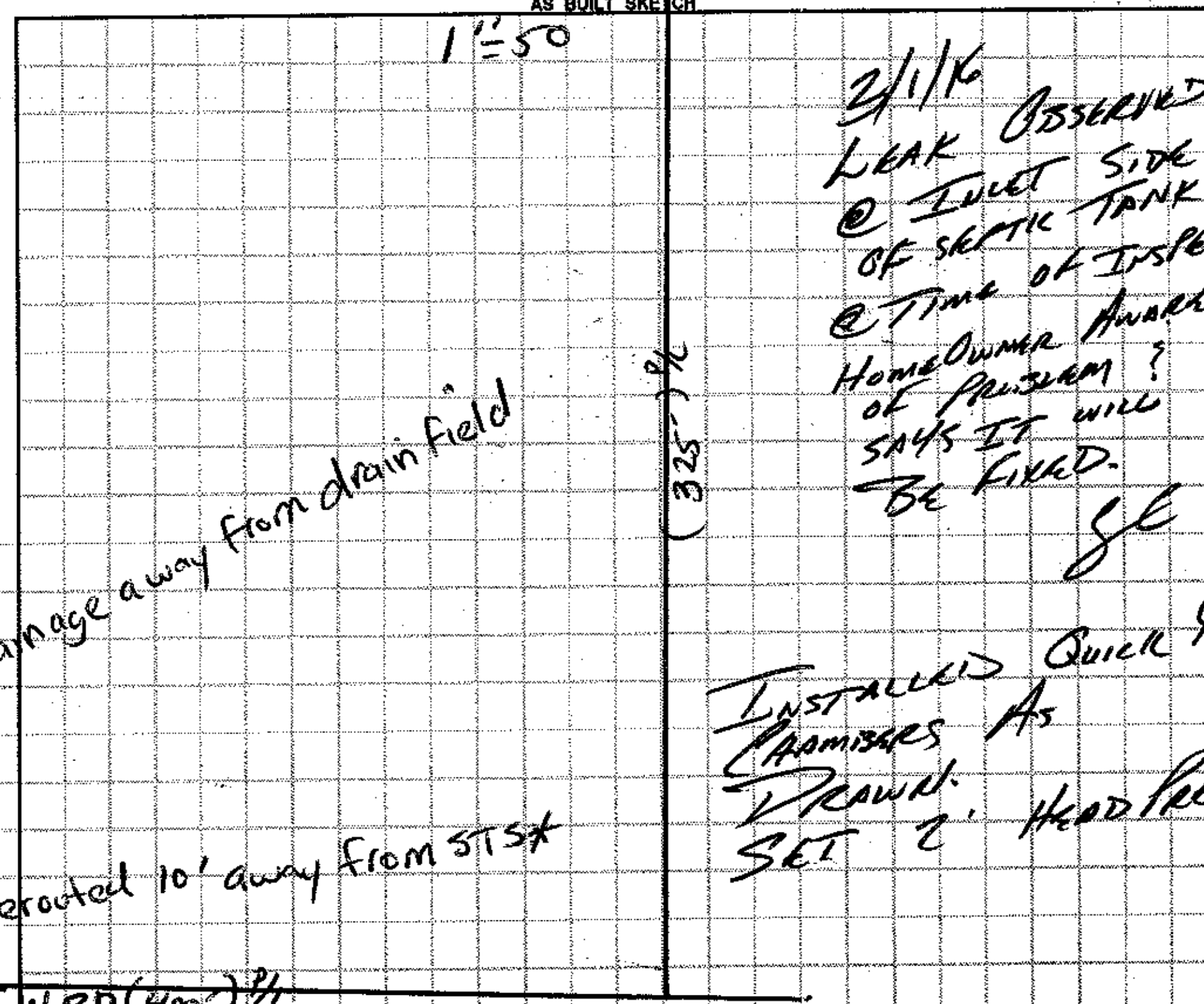
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with pressured distribution. Pump crush + fill existing tank. Reroute water line 10' away from STS maintain 50' off well.

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: [signature] Date: 12-22-15 Installed by: Lentz Waste Water Management Inc.

IMPROVEMENT PERMIT by: [signature] Date: 12/21/15 OPERATION PERMIT by: [signature] Date: 3/1/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/21/15 Existing System Inspected by: Date:

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