IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216211

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

PIN # 4786140428 V

APPLICANT: Norris Drum APPLICANT ADDRESS: 191 Blueberry Hill Dr Statesville NC 28625

SITE ADDRESS: 191 Blueberry Hill Dr Statesville NC 28625 PHONE: 704-873-7968 ALT. PHONE: N/A

SITE DIRECTIONS: 64E T/L Fifth Creek Rd T/R Garris Dr T/L Blueberry Hill Lot on left

SUBDIVISION: Blueberry Hill Estates SECTION: P2 LOT # 29 LOT AREA: 3.57ac DESIGN FLOW: 480 L.T.A.R.: 0.25

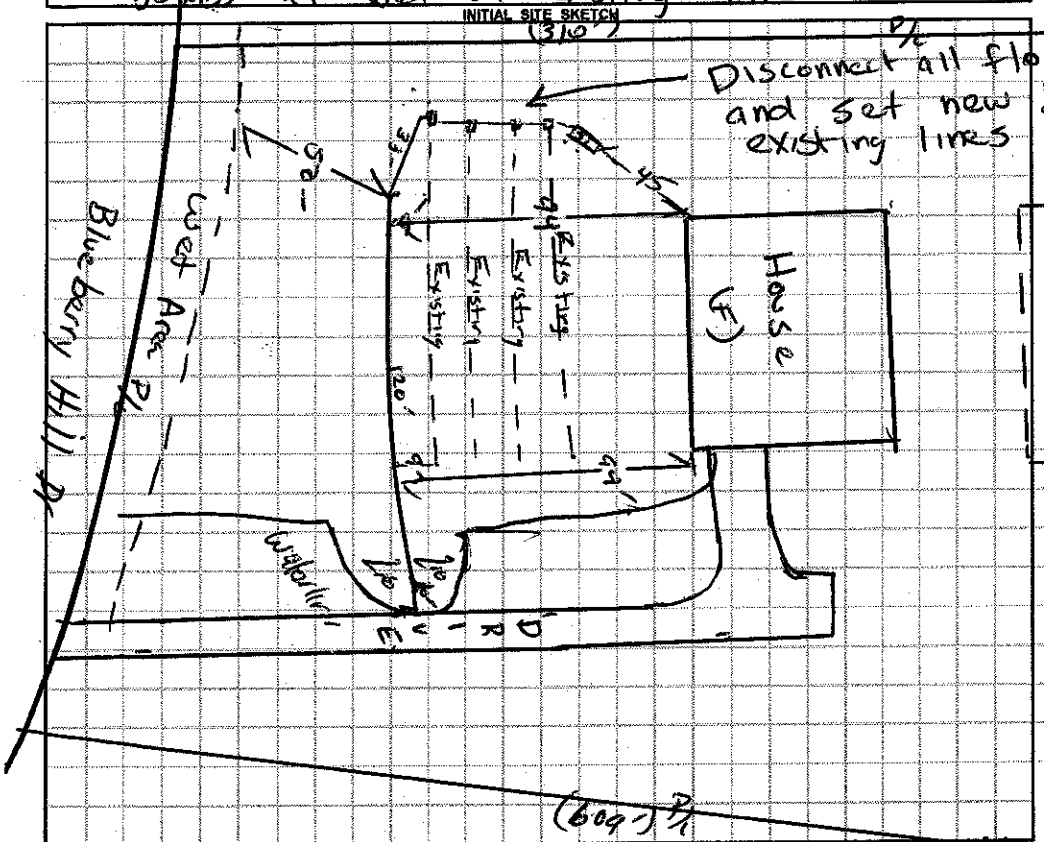
Septic Tank	Ex	(gal)	STB	N/A	Date	N/A	☐ New System	☐ Repair	☒ Expansion	System Type: I	☒ III	IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:			25% Reduction			☐ Business	No. Persons	8	☐ Private
Pump Make	N/A	Model	N/A		Serial #	N/A	Repair System Description:			25% Reduction			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	1		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. Remove flow dividers and install boxes at end of existing lines.

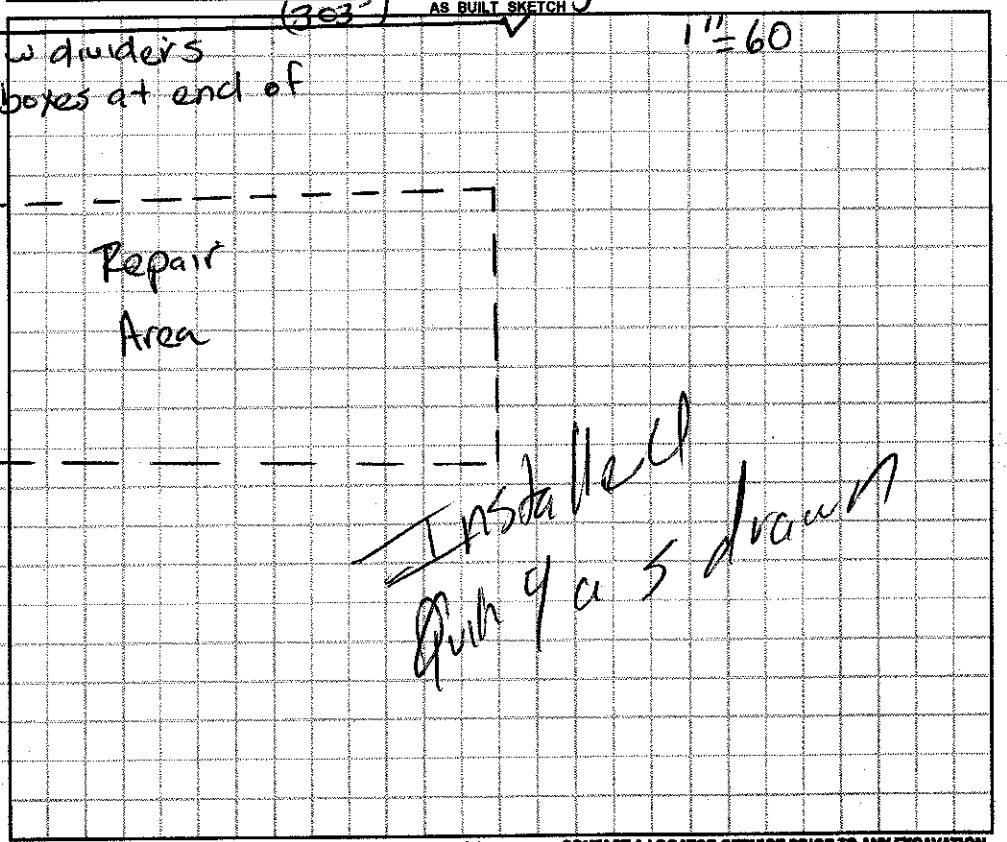
* the purpose of this permit is to expand from 3 to 4 bedrooms.

* Maintain 36" TD on high side *

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: 2/9/15 Installed by: Lantz Wastewater

IMPROVEMENT PERMIT by: Date: 02/09/15 OPERATION PERMIT by: Date: 02/12/15

AUTHORIZATION TO CONSTRUCT by: Date: 02/09/15 Existing System Inspected by: Date:

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