IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218766

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

PIN # 4786667846

APPLICANT: Iredell Statesville Schools APPLICANT ADDRESS: P.O. Box 911 Statesville NC

SITE ADDRESS: 1940 Mocksville Hwy Statesville NC PHONE: 704-873-3755 ALT. PHONE: 704-902-4875

SITE DIRECTIONS: 64E House on right before Cool Springs Elementary

SUBDIVISION: William Edmond Walker + Atmel SECTION: N/A LOT # 1 tract 3 LOT AREA: 0.802ac DESIGN FLOW: 240 L.T.A.R.: 0.275

Septic Tank 1000 (gal) STB 760 Date 4-11-16 — [X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI — [X] Residence No. Bedrooms 2 — Water Supply: [ ] Private

Pump Tank w/PT (gal) PT w/ST Date w/ST — System Description: 25% Reduction — [ ] Business No. Persons 4 — [X] Public

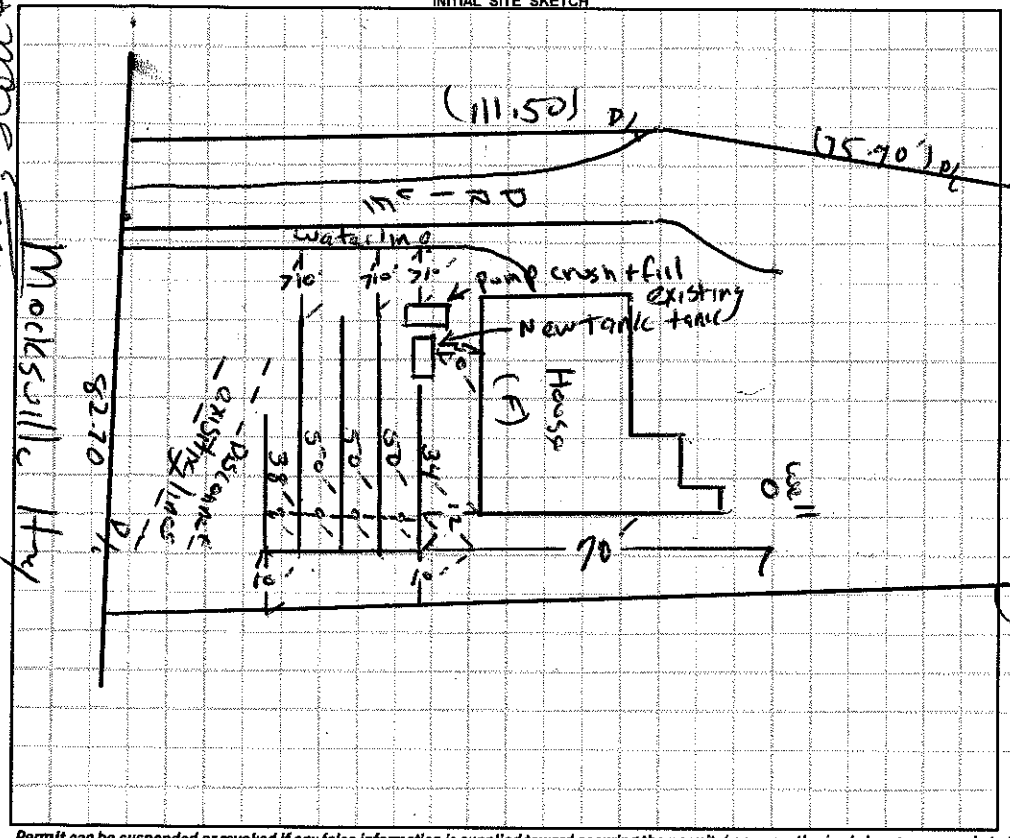
Pump Make N/A Model Pump/Tek Serial # D2-66 — Repair System Description: Exempt — [ ] Other No. Employees — [ ] Community

Nitrification Fields 1 # Lines 4 Linear Ft: — Maintenance Agreement Required: [ ] YES [X] NO — [ ] Slab [ ] Crawl Space

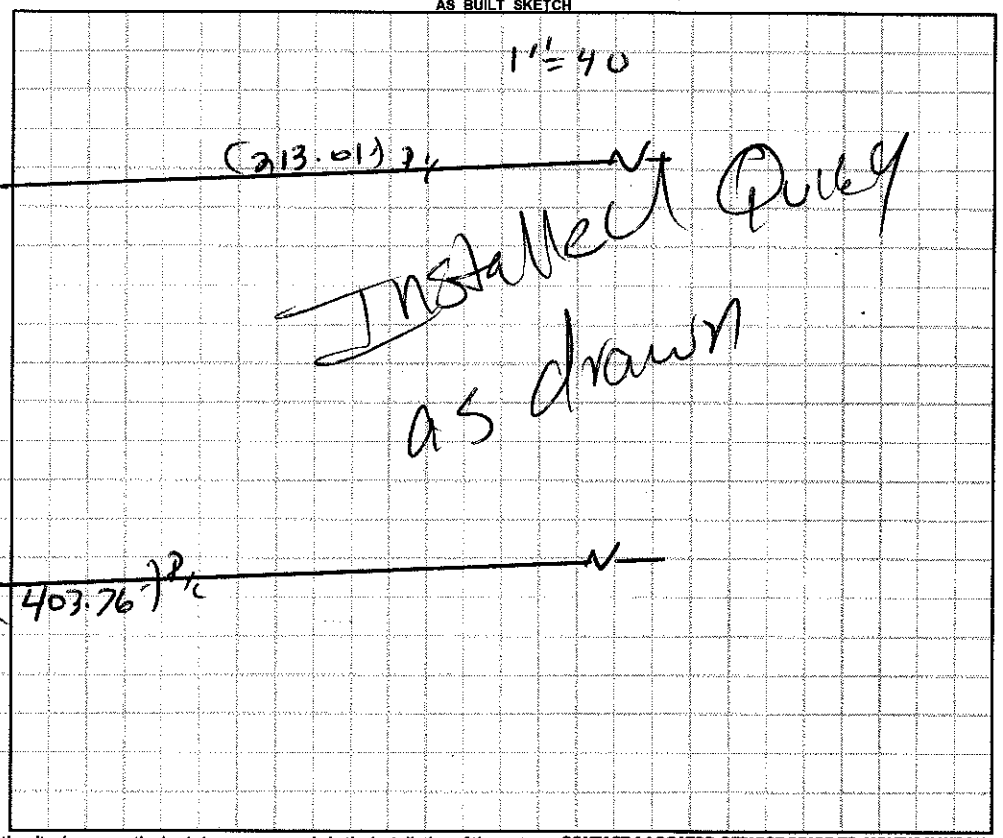
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A — [X] GRAVITY [ ] PRESSURE — [ ] Basement w/plumbing [ ] Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution. Maintain 10' away from waterline

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: _____ Date: 06/09/16 OPERATION PERMIT by: _____ Date: 06/21/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 06/09/16 Existing System Inspected by: _____ Date: _____

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

Tim + Scott + Sheila Beacham