IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211826

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

PIN # 4789734508

APPLICANT: Carrie Etzkorn APPLICANT ADDRESS: 601 Rimrock Rd Statesville NC 28625

SITE ADDRESS: 110 Elam Farm Ln Statesville NC PHONE: 704-450-2461 ALT. PHONE: 704-657-1079

SITE DIRECTIONS: Old Mocksville rd T/L Mt Bethel Rd T/R Rimrock Rd T/R Elam Farm Ln

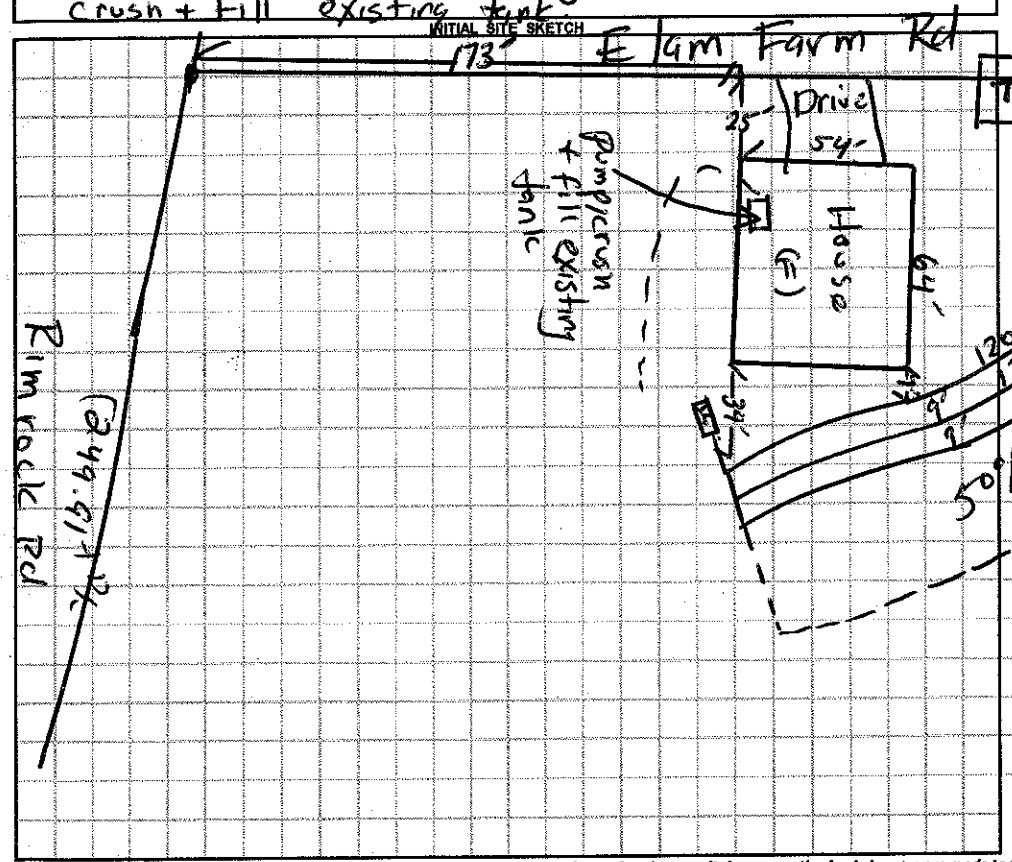
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.61 ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	7-17-15	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:			25% Reduction	[ ] Business	No. Persons 6
Pump Make	N/A	Model	Pollard	Serial #	PL-68	Repair System Description:			50% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	360	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

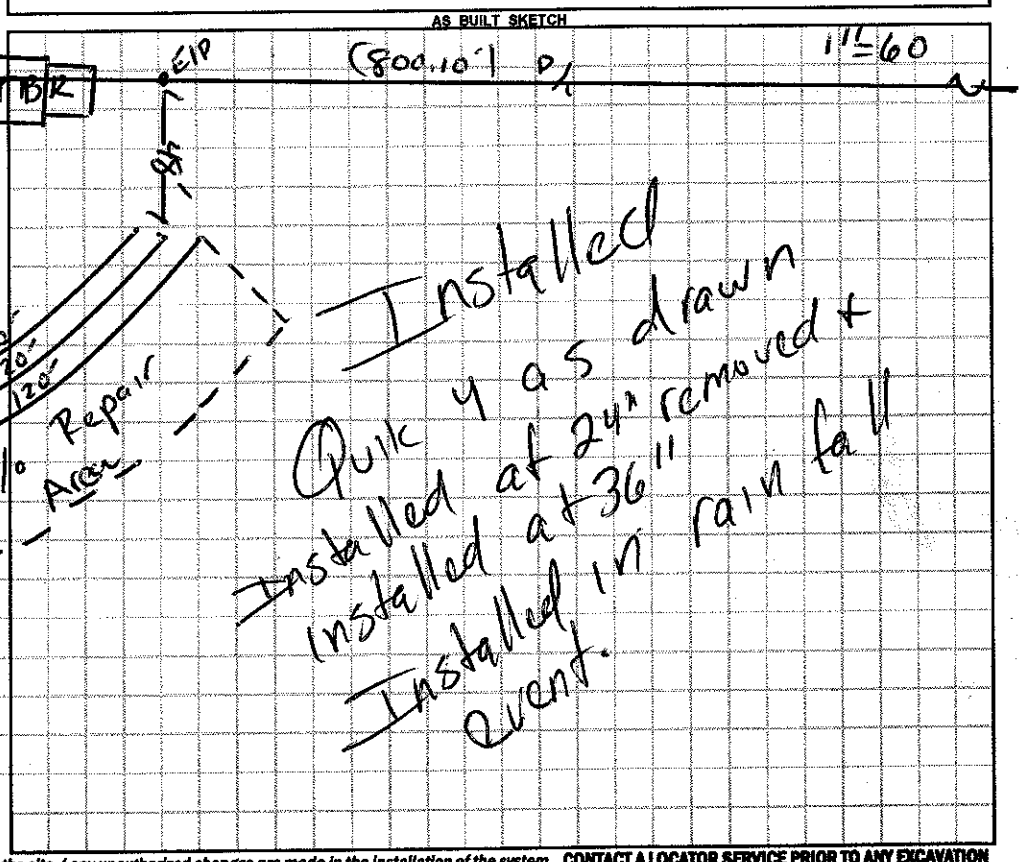
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution & maintain 36" trench depth on high side ex. Pump Crush + Fill existing tank

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: Carrie Etzkorn Date: 10-5-15 Installed by: Contractor Cengaling

IMPROVEMENT PERMIT by: [signature] Date: 10/02/15 OPERATION PERMIT by: [signature] Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/05/15 Existing System Inspected by: Date:

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