IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 153177 PIN # 4794125410 DATE 4-15-09

OWNER or APPLICANT Vickey Conner PHONE: Business 704-495-6375 Home: 828-781-2367

OWNER or APPLICANT ADDRESS Box 5946 Statesville NC 28627

LOCATION / DIRECTIONS End of Old Mocksville Road (R) E. Memorial Highway (L) Boundary lane

SUBDIVISION ______ BLOCK / SECTION ______ LOT # ______ LOT AREA 3.96 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 760 Date 10-19-08
Pump Tank ______ Gallons: PT Date ______
Pump Make ______ Model ______ Serial # ______
Nitrification Field No Fields 1 No Lines 5 Linear Feet 480
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair ☐ Expansion System Type I II (III) IV V VI
System Description: 25% Gravity
Repair System Description: 25% Gravity / pump
Maintenance Agreement Required ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

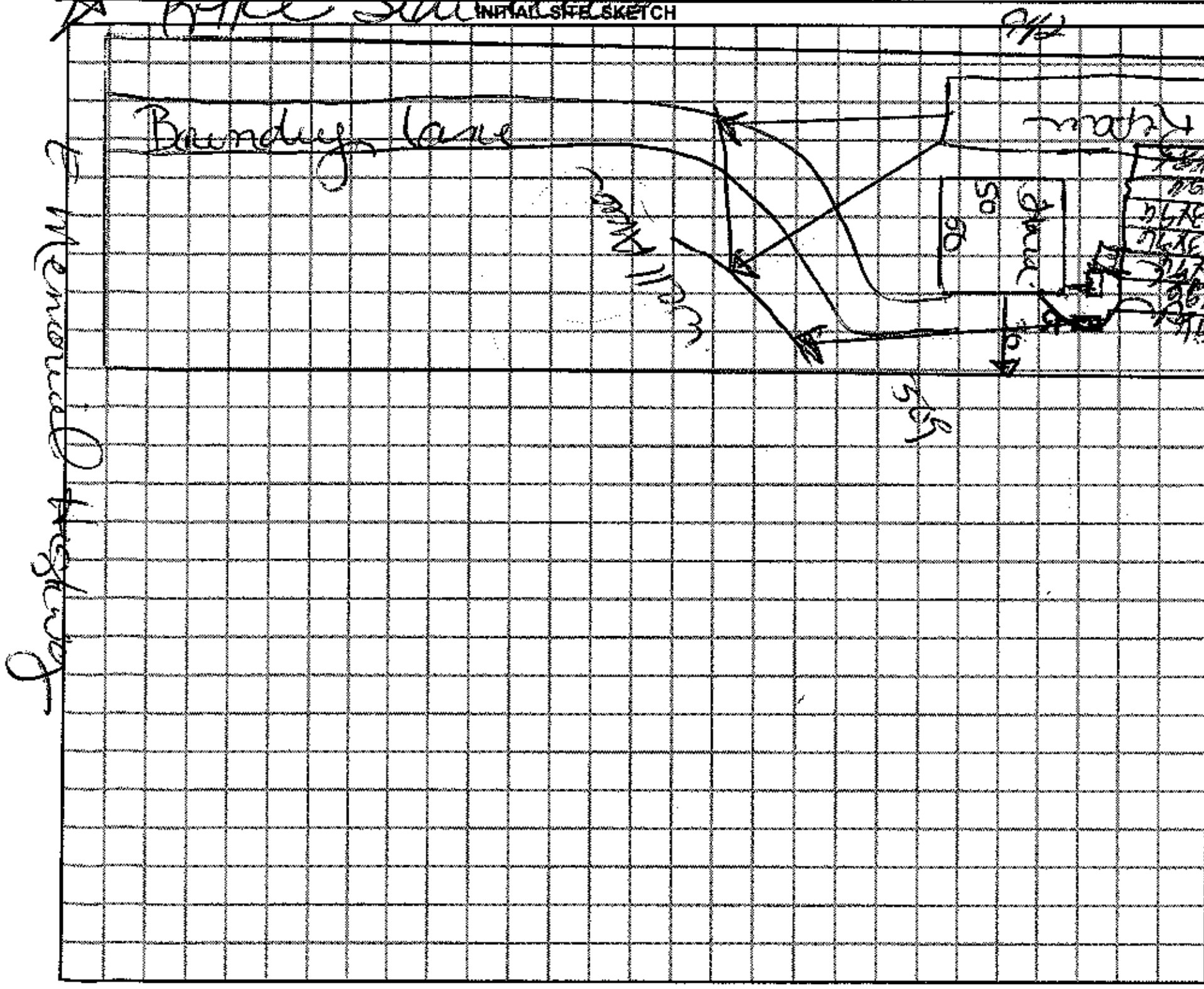
☑ Residence No. Bedrooms 4
☐ Business No. Persons ______
☐ Other No. Employees ______
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☑ Private
☐ Public
☐ Community

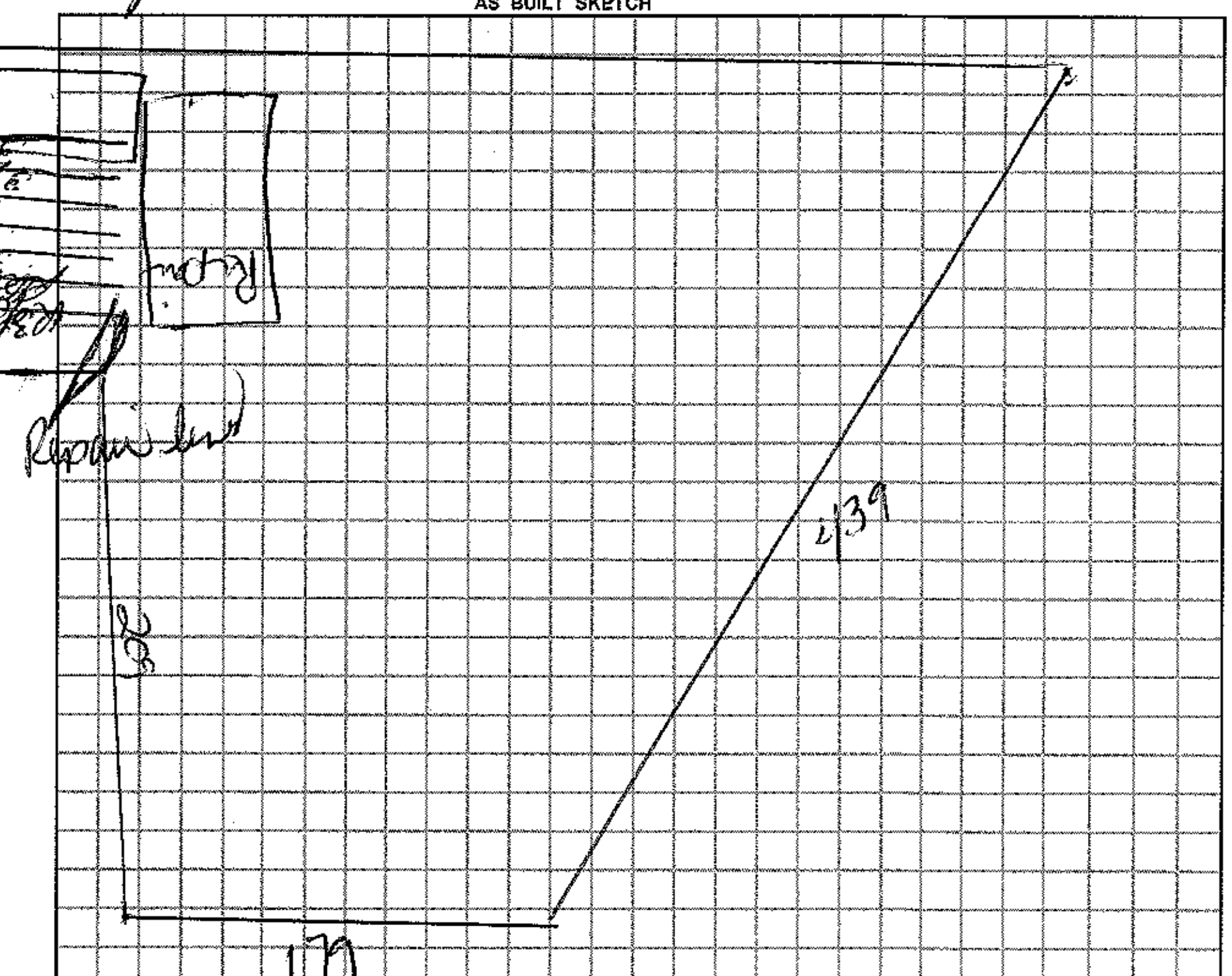
Comments / Conditions
* Septic lines 12' foot from back of house for back deck
* Bike Sidewalk

Comments / Conditions
Must be 36" trench bottom
Well must be 100' away from system due to saprolite

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.

☐ *IMPROVEMENT PERMIT w/ plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / 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 4-15-09
Improvement Permit by: [signature] Date 4-15-09
Authorzation to Construct by: [signature] Date 4-15-09

Installed by: A-1 Backhoe
Operation Permit by: [signature] Date: 5-4-09
Existing System Inspected by: ______ Date: ______

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant