Old. # 146976

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220767

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

PIN # 4810-41-0883 31-9807

APPLICANT: William Barger Jr. APPLICANT ADDRESS: 310 Damascus Church Rd. Statesville, NC 28625

SITE ADDRESS: 310 Damascus Church Rd. - Statesville, NC PHONE: 843-324-0405 ALT. PHONE: 704-978-8344

SITE DIRECTIONS: Rt. 115 N from Statesville → L on Damascus Church Rd → Driveway on Right (Call before visit - gated)

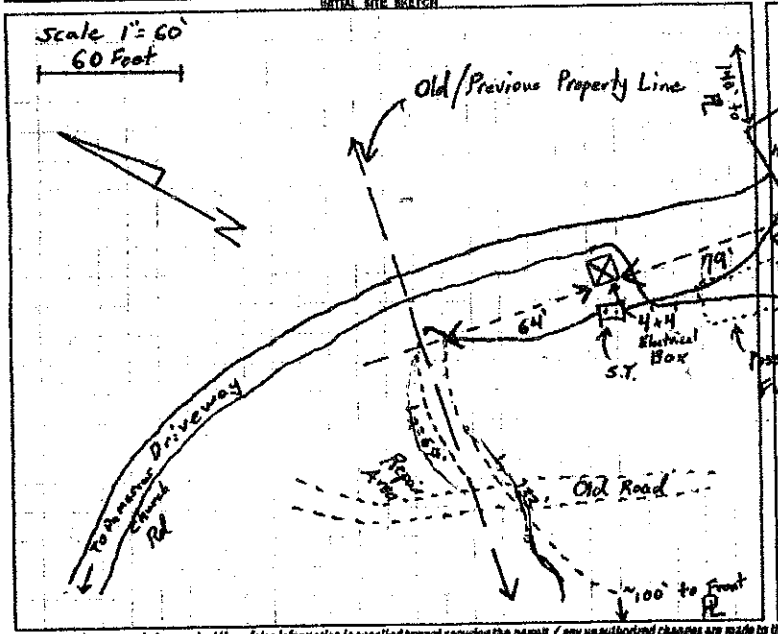
SUBDIVISION: James + Velma Deal Estates SECTION: — LOT # 1+2 LOT AREA: 7.412 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	2	Linear Ft:	200	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	22"-26"	Trench Travel Depth			☒ GRAVITY	☐ PRESSURE	

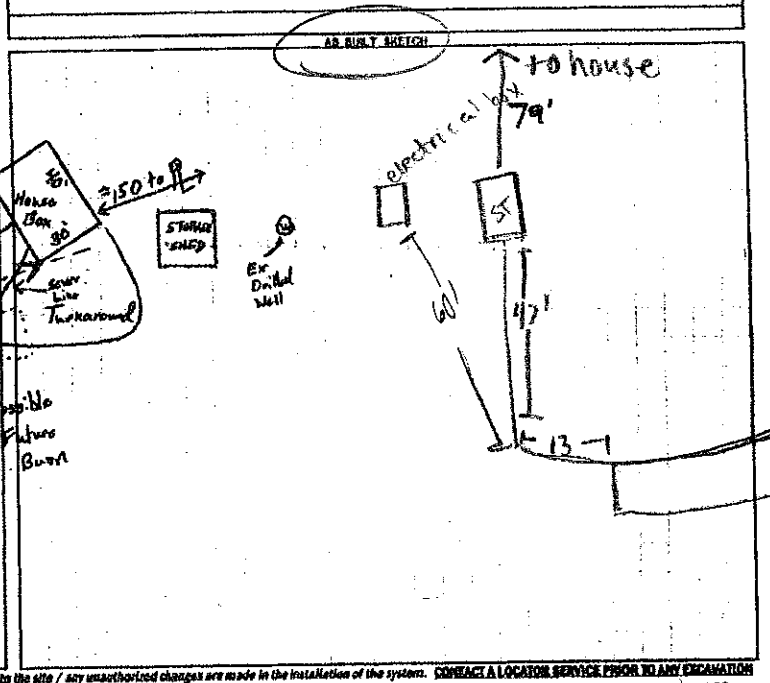
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	4	☐ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing			☒ Basement w/o plumbing	

Comments / Conditions: Recommend Pumping septic tank every 3-5 years
Recommend using stronger (SCH-40 Pipe) for house sewer line.

INITIAL SITE SKETCH



AS BUILT SKETCH



Infiltrator Chambers

2.5' change in elevation between top & bottom lines

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 LOCATION 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: 3/7/17 Installed by: SHANE CASHION

IMPROVEMENT PERMIT by: [signature] Date: 3/7/17 OPERATION PERMIT by: [signature] Date: 3-24-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/7/17 Existing System Inspected by: _____ Date: _____

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

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Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—	Model		—	Serial #	—			
# Nitrification Fields	1	# Lines	2		Linear Ft:	200			
Trench Width	36"	Max. Trench Bottom Depth	22"-26" (highest)		Gravel Depth				

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

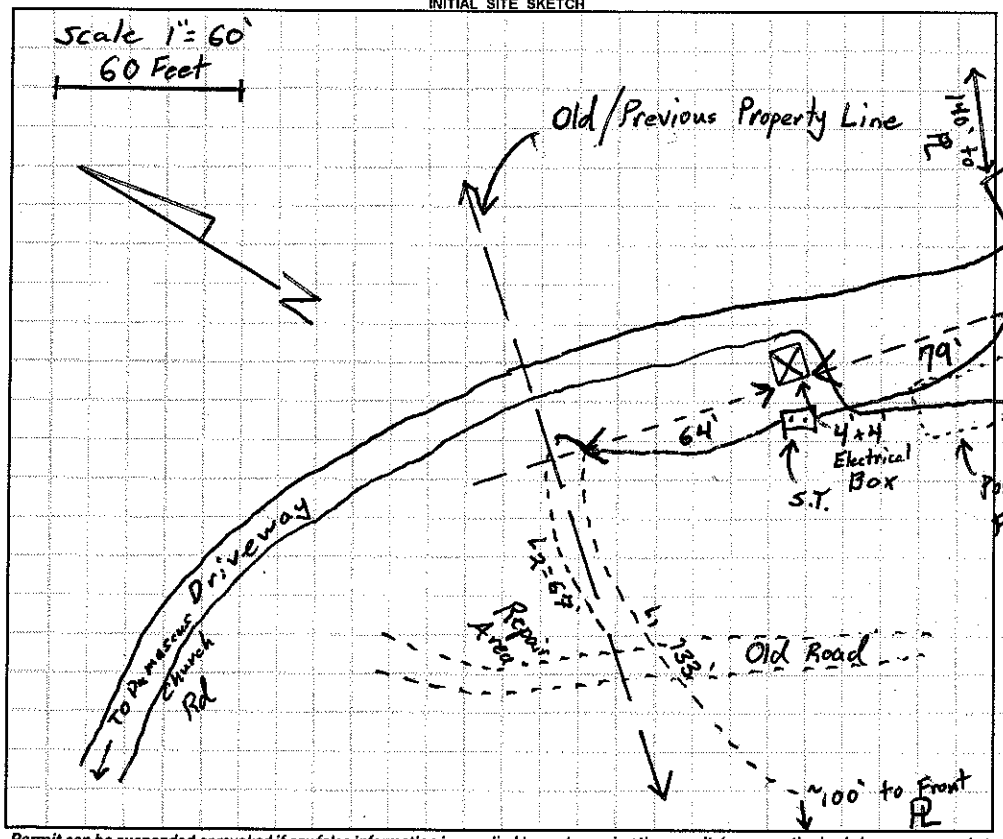
Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☒ Basement w/o plumbing

Comments / Conditions: Recommend Pumping septic tank every 3-5 years
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INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: [signature] Date: 3/7/17 Installed by: SHANE CASHION

IMPROVEMENT PERMIT by: Tom Church Date: 3/7/17 OPERATION PERMIT by: [signature] Date: 3-24-17

AUTHORIZATION TO CONSTRUCT by: Tom Church Date: 3/7/17 Existing System Inspected by: Date:

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