IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (@) (@) MOORESVILLE 704-664-5281

DBH

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

PERMIT # 15795 PIN # 4681-44-4432.000 0709 DATE 9/28/09

OWNER or APPLICANT KATY J. CLANTON PHONE: Business (704) 592-5076 Home: (704) 876-6946

OWNER or APPLICANT ADDRESS 280 Myrtle Rd. Statesville, NC 28625

LOCATION / DIRECTIONS 115 North TL Mountain View Road TR. Myrtle Rd ~.6 mile on Right

SUBDIVISION _____ BLOCK / SECTION _____ LOT # 2 LOT AREA 6.715Ac DESIGN FLOW 480gpd L.T.A.R. 0.25gal/ft²/day

Septic Tank	1000	Gallons: STB	760	Date	5-8-09	☒ New System	☐ Repair	☐ Expansion System	Type I (II) III IV V VI
Pump Tank		Gallons: PT		Date		System Description:	25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	25/50 % Reduction (Any Req. Pump)		
Nitrification Field	No Fields 1	No Lines 4	Linear Feet 480			Maintenance Agreement Required	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing	☐ Basement w/o plumbing				

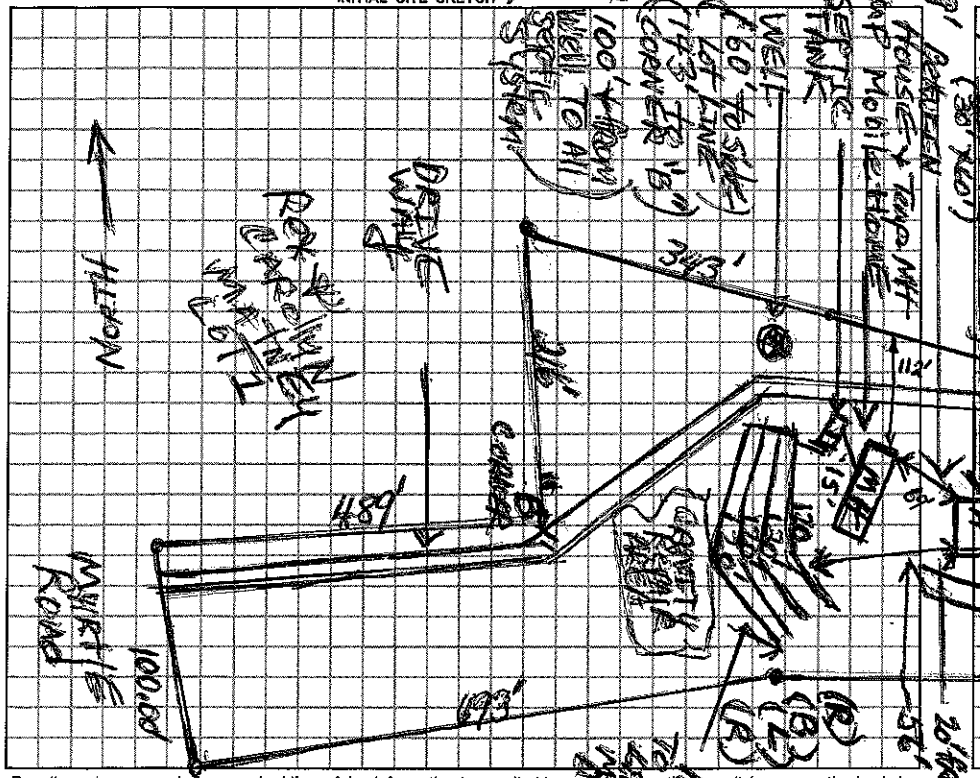
Comments / Conditions

Keep System As Shallow As possible • 30" MAXIMUM T.B. Depth; Stay at least 15FT from driveway Cut Mountain All SETBACKS INSTALL AS FLAGGED.

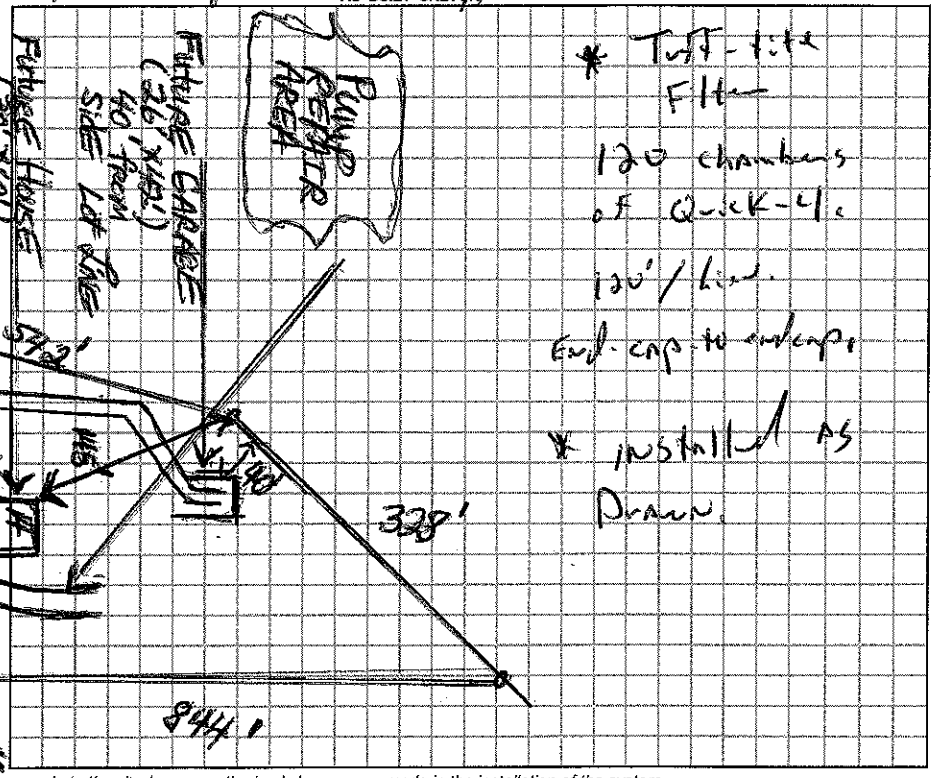
Comments / Conditions

Keep WELL 100' from ANY PART of septic System; temporary Mobile Home to be disconnected from septic System before final APPROVAL FOR HOUSE.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied towards obtaining this 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 mo.* ☒ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Katy Clanton Date 10-1-09

Improvement Permit by: Fred Clemmer Date 9/28/09

Authorization to Construct by: Fred Clemmer Date 9/28/09

Installed by: A-1

Operation Permit by: [signature], R.S. Date: 5 Oct 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