IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219499

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

PIN # 4911-56-2992.514

APPLICANT: Charles K. Courier APPLICANT ADDRESS: 510 Brookhaven Rd. Statesville NC

SITE ADDRESS: 514 Brookhaven Rd. Statesville NC PHONE: 704-880-7599 ALT. PHONE: 704-592-5470

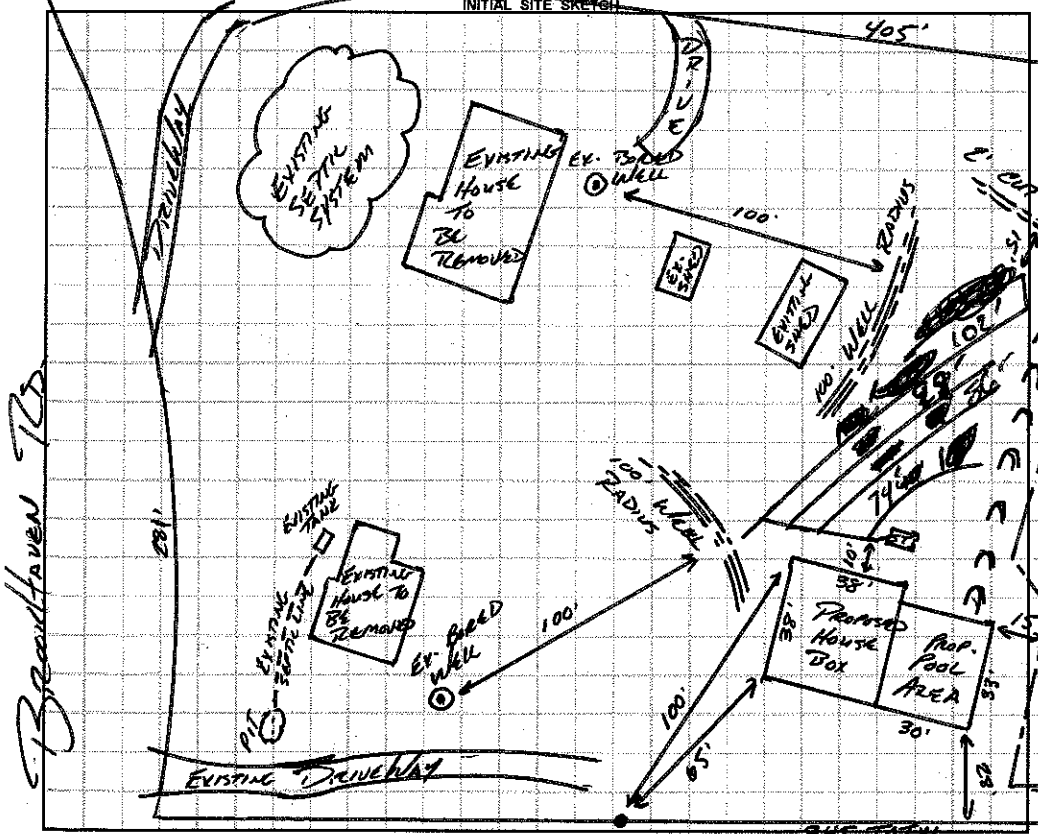
SITE DIRECTIONS: Hwy 115 N, TL Brookhaven, Site on R

SUBDIVISION: Charles K. Courier + Martha J. Courier SECTION: — LOT # 1 LOT AREA: 2.402 Acre DESIGN FLOW: 360 GPD. L.T.A.R.: .25

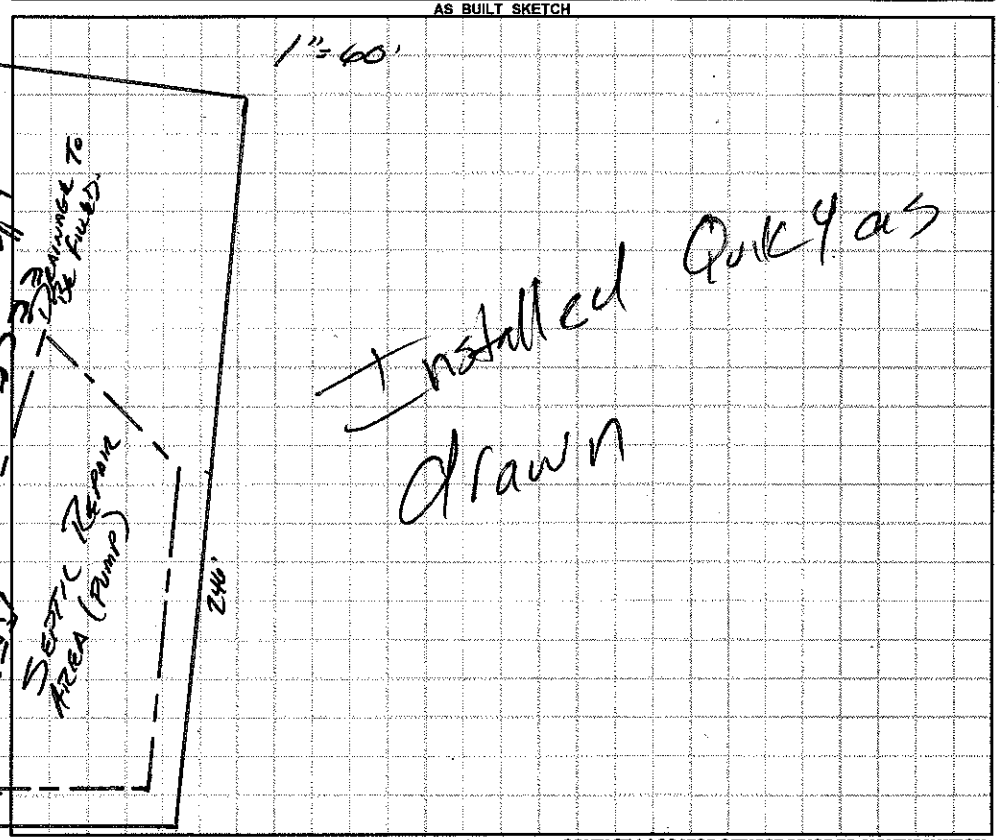
Septic Tank	1000 (gal)	STB	N/A	Date	11-30-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	" N/A (gal)	PT	" N/A	Date	" N/A	System Description:	25% Reduction - Gravity	☐ Business	No. Persons	6	☒ Private
Pump Make	" N/A	Model	Pomp/Tec	Serial #	PL-66	Repair System Description:	25% Red. - Pump on Existing	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Septic System is to be Below Elevation of any Foundation Drain. Fill Drainage Feature in Septic Area. Maintain 100' From Bored Wells. Existing Homes Must Be Removed Prior to Issuance of OP.

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.* ☑ **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: _____ Date: _____ Installed by: T B Grading

IMPROVEMENT PERMIT by: APPROVED AUG 01 2016 OPERATION PERMIT by: _____ Date: 10/19/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 8/2/16 Existing System Inspected by: _____ Date: _____

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