IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177026

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

PIN # 4821492198

APPLICANT: John Perreault APPLICANT ADDRESS: 472 Mountain View Road, Statesville, NC 28625

SITE ADDRESS: 573 Sprinkle Rd. Statesville, NC 28625 PHONE: 704-876-1474 ALT. PHONE: ~~704~~

SITE DIRECTIONS: Hwy 115 N, (R) on Sprinkle, property 1st house on (R)

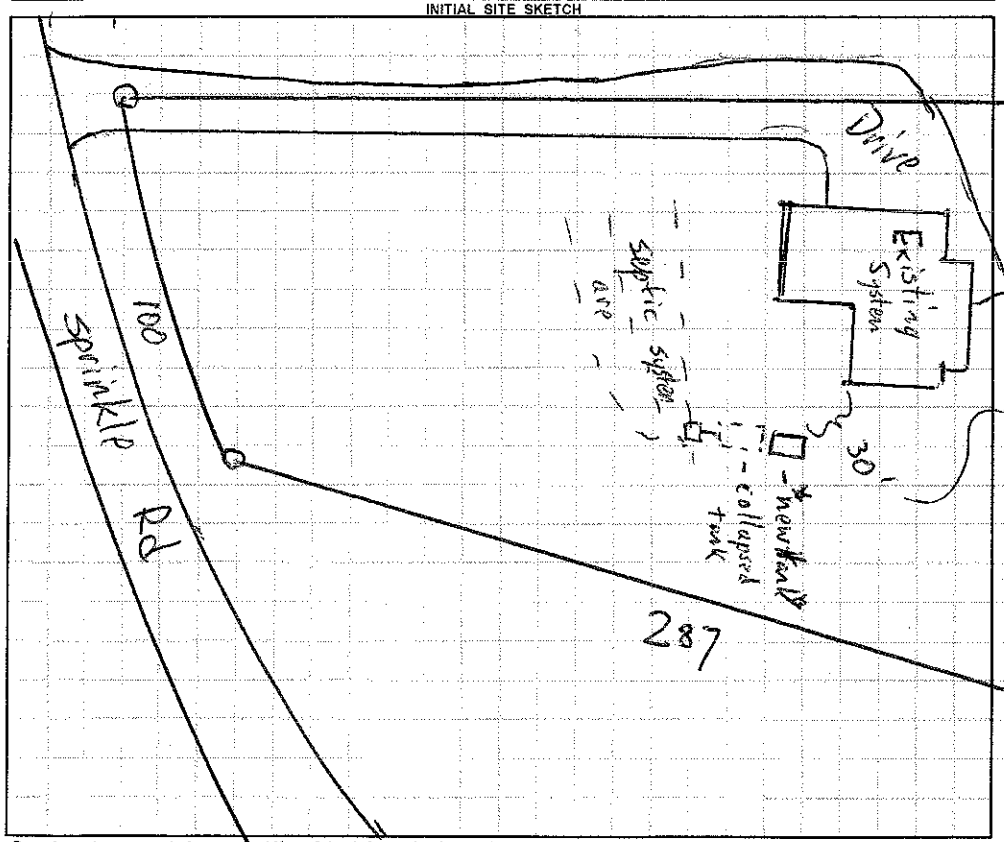
SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: 1.103 DESIGN FLOW: 480 L.T.A.R.: Ex

Septic Tank	1000 (gal)	STB	160	Date	10-10-12	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:				☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description:	TANK Replacement			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3 (ex)	Linear Ft:	330 ex	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	~~18~~ Ex	Max. Trench Bottom Depth	Ex	Gravel Depth	10" (ex)		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

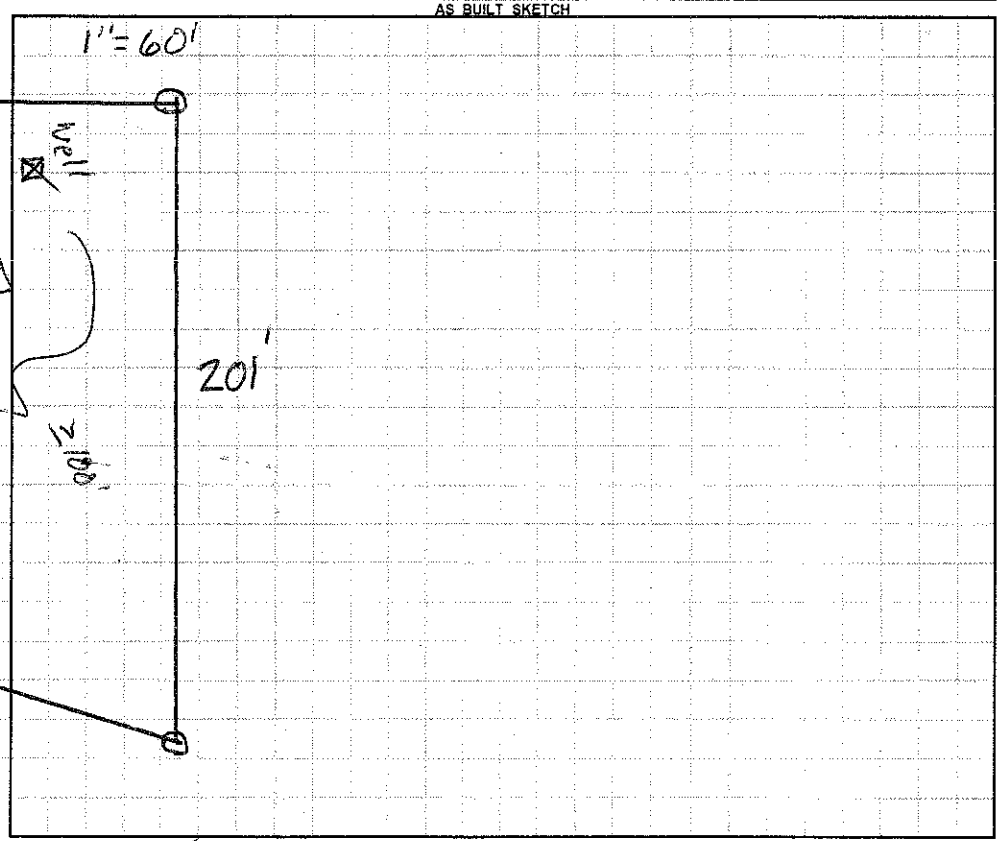
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Crush and fill existing tank. Place new tank behind existing tank and reconnect to existing system.

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: Paulina Perreault Date: 2-14-13 Installed by: Kevin Bowles

IMPROVEMENT PERMIT by: [signature] Date: 2-14-13 OPERATION PERMIT by: [signature] Date: 2-14-13

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-14-13 Existing System Inspected by: Date:

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