IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205872

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

PIN # 4821597499

APPLICANT: Anna Poole APPLICANT ADDRESS: 502 Sprinkle Rd Statesville NC

SITE ADDRESS: 502 Sprinkle Rd Statesville NC PHONE: 704-592-5801 ALT. PHONE: 704-880-3068

SITE DIRECTIONS: N 115 to sprinkle Rd third house on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.5ac DESIGN FLOW: 240 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 766-1000 Date 6-30
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 200
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A

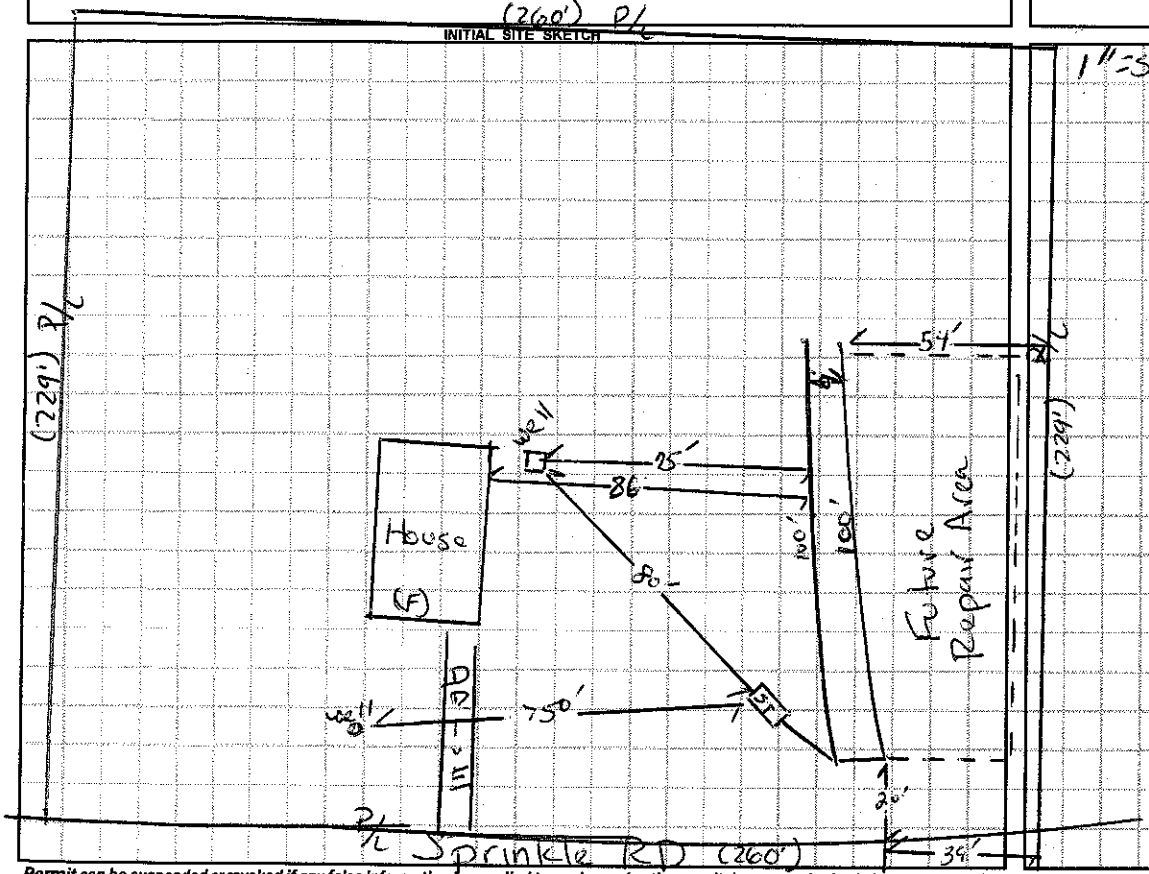
☐ New System ☒ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50

- Red Poly-Lo-C filter installed
- Quick 4 Chambers installed
- Installed as drawn

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: Bill Poole Date: Installed by: Al Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 10/02/14 OPERATION PERMIT by: [signature] Date: 10-16-14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/02/14 Existing System Inspected by: Date:

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