IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216268

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

PIN # 3774666249

APPLICANT: Synergy Homes APPLICANT ADDRESS: 201 Absher Park Dr.

SITE ADDRESS: 113 Riverwalk Rd, Stony Point NC PHONE: 704-838-4031 ALT. PHONE: N/A

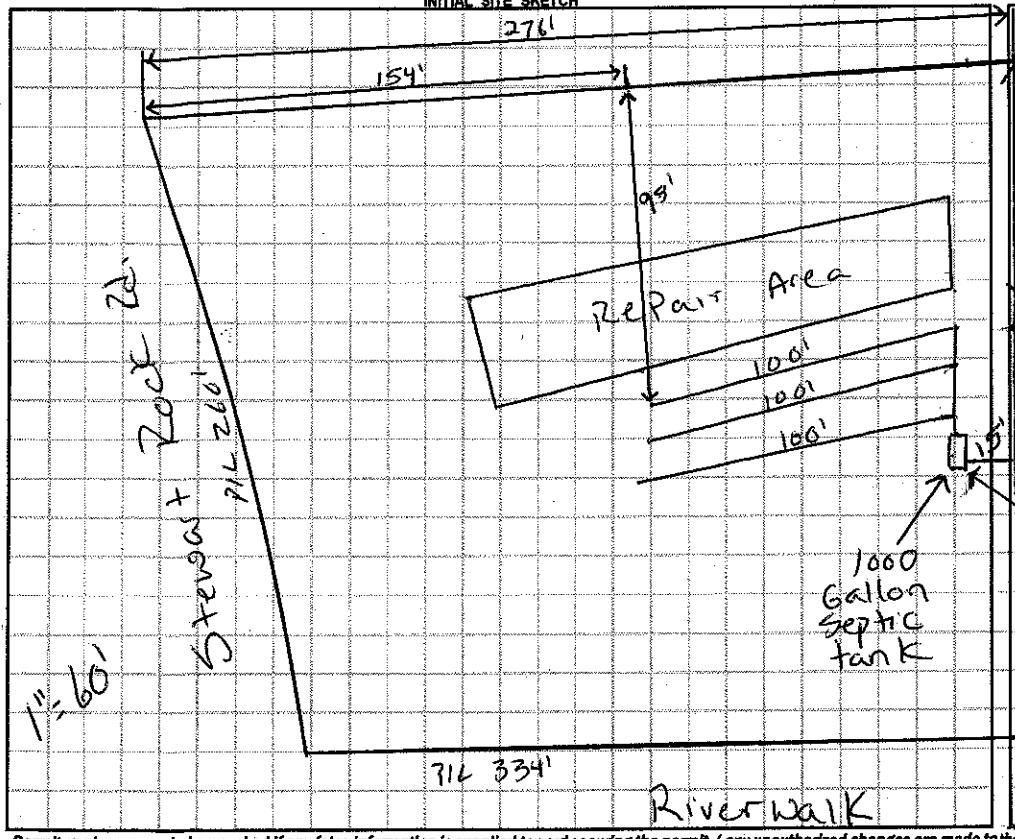
SITE DIRECTIONS: Sharon School Rd W TL Stewart Rock TL Riverwalk 1st Lot on Left

SUBDIVISION: Riverwalk SECTION: 1 LOT # 32 LOT AREA: 2.033acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

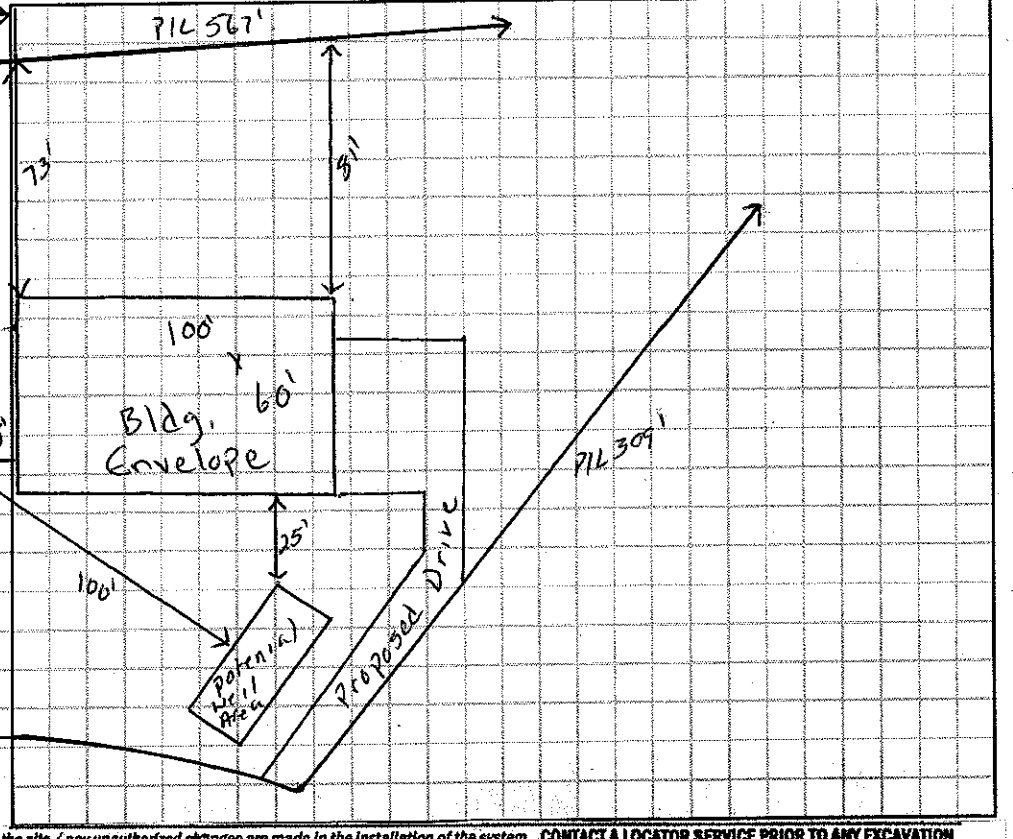
Septic Tank	1000 (gal)	STB	760	Date	5-8-16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6	☑ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	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: Improvements only; Submit floor plan prior to issuance of CA; Install a 25% Reduction system on contour with serial distribution.

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: 2-17-16

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-17-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 3-11-16

Installed by: Bryant's Contracting

OPERATION PERMIT by: Maria Dotson RS Date: 8/29/16

Existing System Inspected by: Date:

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