IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216628

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

PIN # 3783864407

APPLICANT: James Widener APPLICANT ADDRESS: 172 Hudson Ln Statesville NC

SITE ADDRESS: 172 Hudson Ln Statesville NC PHONE: 704-878-9808 ALT. PHONE: N/A

SITE DIRECTIONS: 40W T/L Shiloh School Rd T/L Hudson Ln Last drive on right at end of cul-de-sac

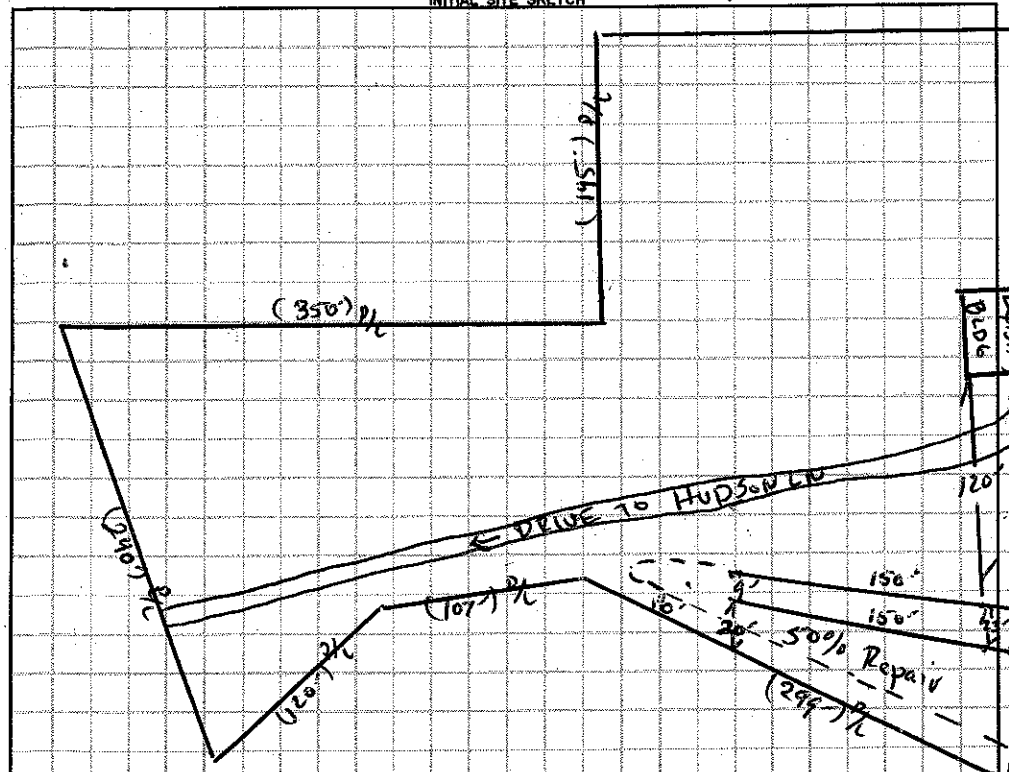
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 10.160ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	12-22-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	N/A	(gal)	PT	~NA	Date	~NA	System Description:			25% Reduction	☐ Business	No. Persons	6	☒ Private			
Pump Make	N/A	Model	Duplex		Serial #	PL-68	Repair System Description:			50% Reduction	☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1	# Lines	2		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			

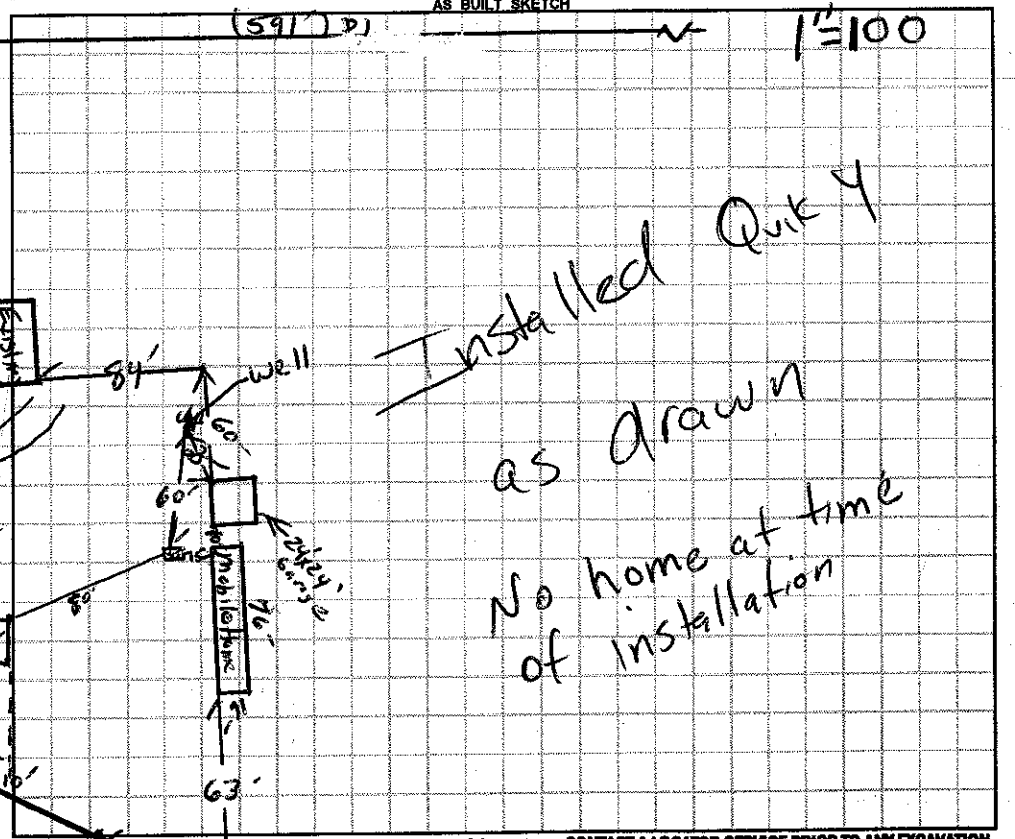
Comments / Conditions: Install 25% reduction on contour with Serial distribution. Tank may have to be installed at grade to achieve full Maintain 50' off well with Septic tank & lines

* Maintain 36" on high side *

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: 3-4-16 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 03/04/16 OPERATION PERMIT by: _____ Date: 03/11/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 03/11/16 Existing System Inspected by: _____ Date: _____

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