IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176596

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

PIN # 3785671554

APPLICANT: Clint Walker APPLICANT ADDRESS: 2625 Johnny Martin Ln Stony Point NC 28678

SITE ADDRESS: 118 Pilots Ln Stony Point NC 28678 PHONE: 828-310-9619 ALT. PHONE: N/A

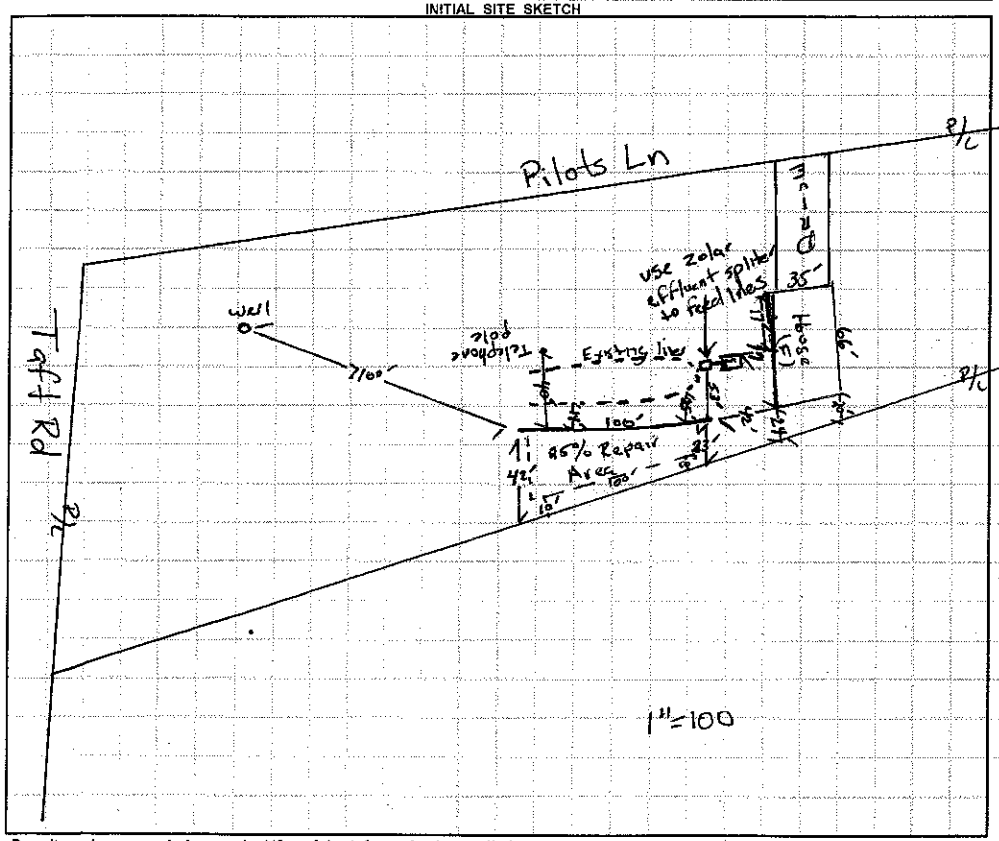
SITE DIRECTIONS: Old Mountain to Presby Farm Rd to Taft to Pilots In

SUBDIVISION: N/A. SECTION: N/A LOT # N/A LOT AREA: 8.46 ac DESIGN FLOW: 360 L.T.A.R.: .3

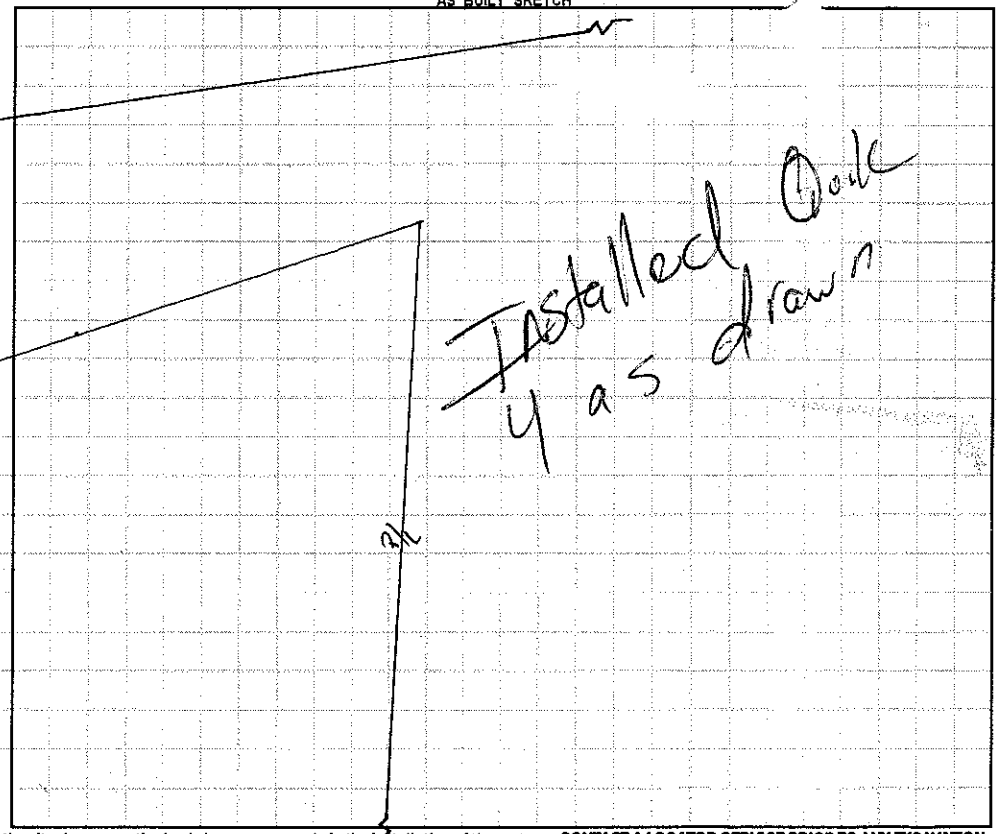
Septic Tank	Existing	(gal)	STB	N/A	Date	N/A	☐ New System ☐ Repair ☒ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make	N/A	Model	N/A	Serial #	N/A	Repair System Description:	25% Reduction	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	1	Linear Ft:	100	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: Use Zolar effluent splitter to equal feed lines with new line. (OR EQUIVALENT)

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: [signature] Date: 1/30/14 Installed by: Brian Bowman

IMPROVEMENT PERMIT by: [signature] Date: 01/27/14 OPERATION PERMIT by: [signature] Date: 02/03/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 01/27/14 Existing System Inspected by: Date:

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