IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211056

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

PIN # 3793977177

APPLICANT: Karen Tate APPLICANT ADDRESS: 131 Stewart Acres Dr Statesville NC

SITE ADDRESS: 131 Stewart Acres Dr Statesville NC PHONE: 704-408-7561 ALT. PHONE: N/A

SITE DIRECTIONS: 40 W T/L old Mountain Rd T/R Beulah T/R Stewart Acres Dr 2nd lot on left

SUBDIVISION: Stewart Acres SECTION: N/A LOT # 23 LOT AREA: 1.2758ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 760 Date 5-23-15
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Polylok Serial # PL-69
Nitrification Fields 1 # Lines 3 Linear Ft: 360
Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth N/A

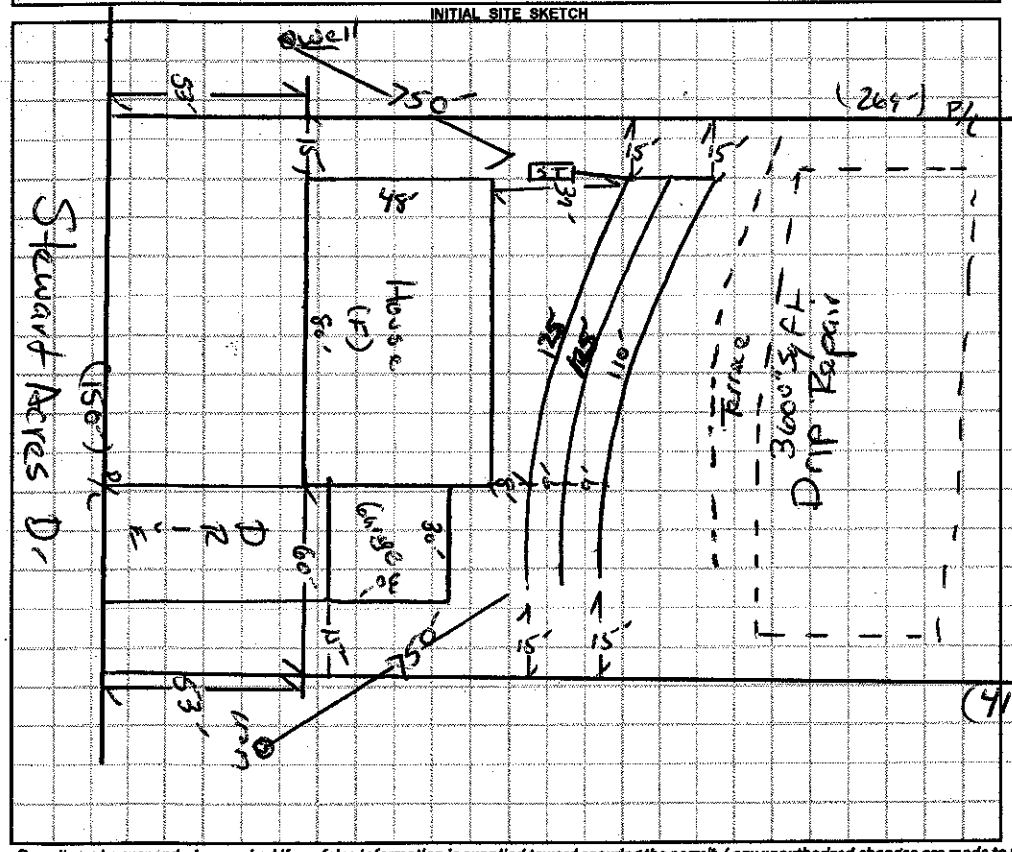
[X] New System [ ] Repair [ ] Expansion System Type: I II [III] IV V VI
System Description: 25% Reduction
Repair System Description: Drip
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence No. Bedrooms 3
[ ] Business No. Persons 6
[ ] Other No. Employees
[ ] Slab [X] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

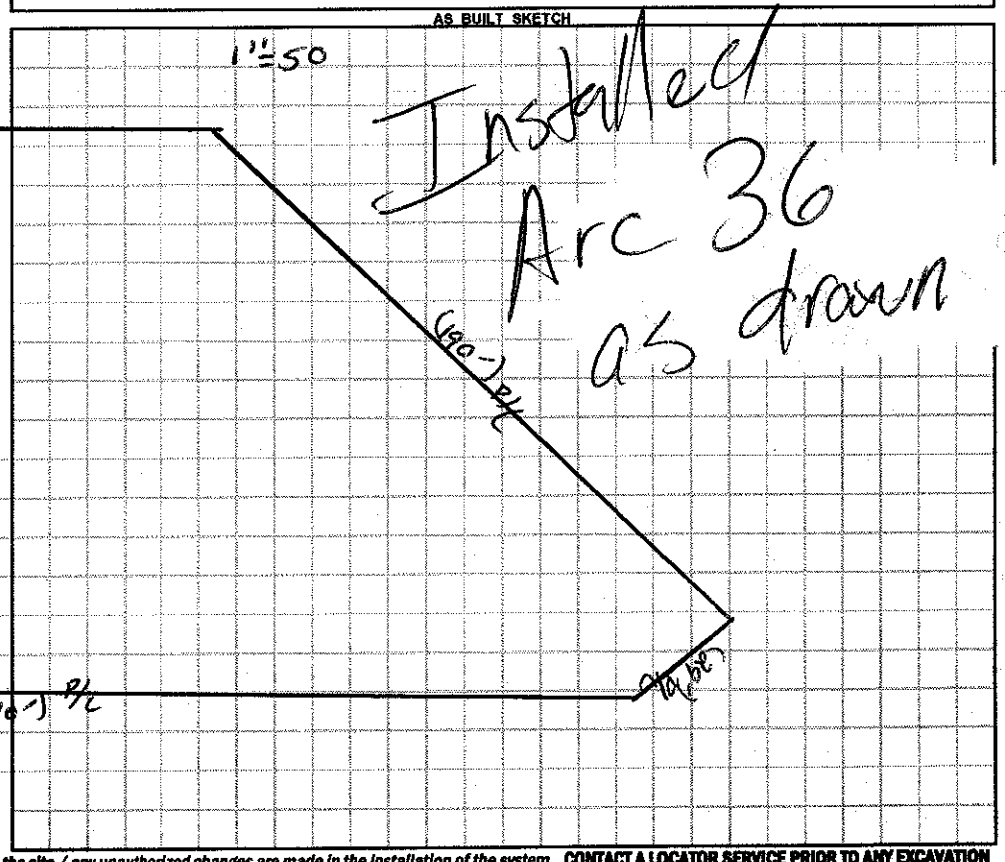
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install 25% 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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Karen D Tate Date: 6/26/15 Installed by: Woods Grading

IMPROVEMENT PERMIT by: David Taylor Date: 06/25/15 OPERATION PERMIT by: [signature] Date: 09/21/15

AUTHORIZATION TO CONSTRUCT by: David A Taylor Date: 07/21/15 Existing System Inspected by: Date:

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