IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209380

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

PIN # 3796620489

APPLICANT: Laura Adams APPLICANT ADDRESS: 226 Lindsey Farm Rd Stony Point NC

SITE ADDRESS: 226 Lindsey Farm Rd Stony Point NC PHONE: 704-585-9998 ALT. PHONE: N/A

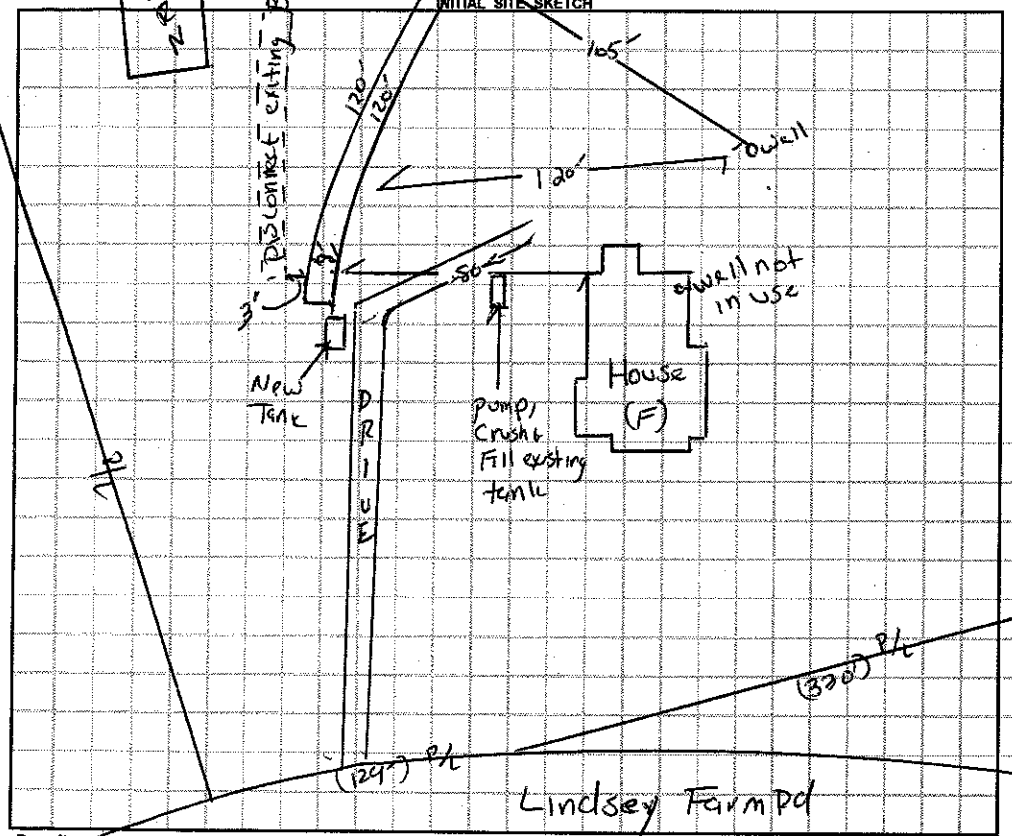
SITE DIRECTIONS: 40 W N/on old mtn Rd T/R Lindsey Farm Rd 1mile on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 20.07ac DESIGN FLOW: 240 L.T.A.R.: 0.25

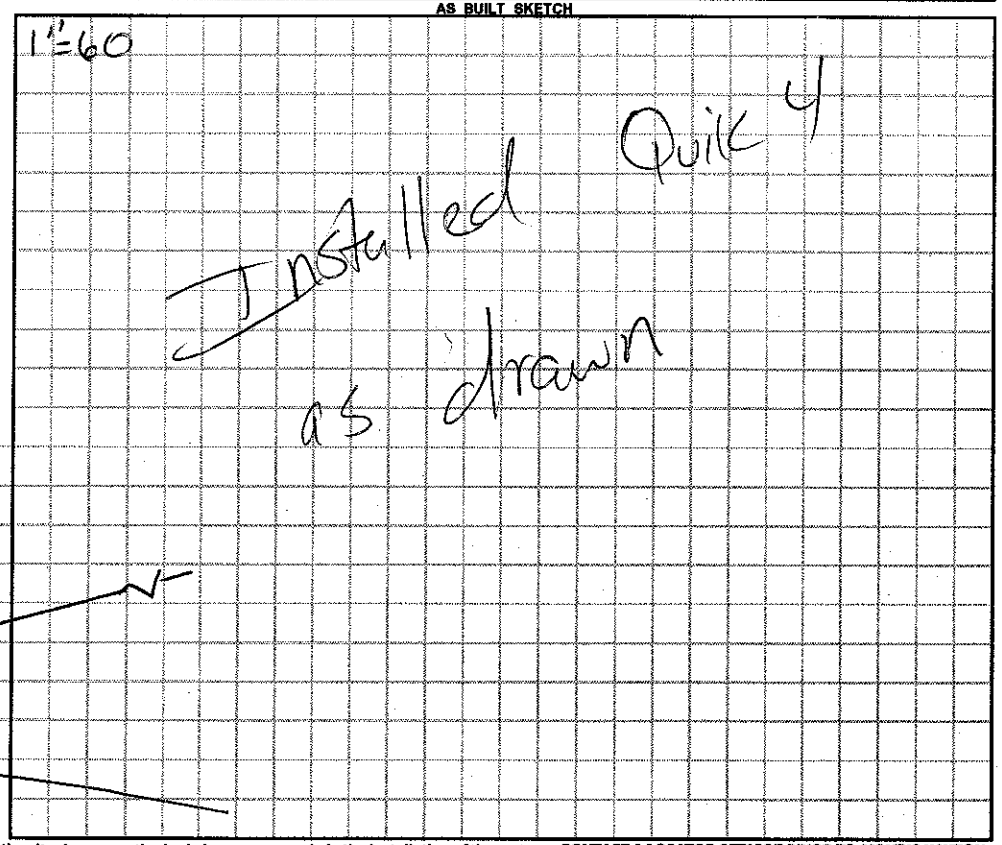
Septic Tank	1000	(gal)	STB	1600	Date	1-19-15	☐ New System	☒ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons	4	☒ Private
Pump Make	N/A	Model	Poly/alc		Serial #	PZ-68	Repair System Description:				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	12		Linear Ft:	240	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	30"		Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour with serial distribution. Maintain 100' off existing well. Pump, crush, + fill existing tank.

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: Laura Adams Date: 4-6-15 Installed by: Barnes Backhoe + Grading

IMPROVEMENT PERMIT by: [signature] Date: 04/06/15 OPERATION PERMIT by: [signature] Date: 05/21/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 04/06/15 Existing System Inspected by: Date:

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