IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 205559

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

PIN # 3796654036

APPLICANT: C.M. Todd Jr APPLICANT ADDRESS: 238 W. Lackey Farm Rd Stony Point NC

SITE ADDRESS: 238 W. Lackey Farm Rd Stony Point NC PHONE: 704-585-6147 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 90 Exit 64/90 T/R then T/L Lackey Farm Rd house on right. LTAR: 0.3

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.64ac DESIGN FLOW: 360

Septic Tank 1000 (gal) STB 160 Date 8-4-11
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Poly 04 Serial # PC-68
Nitrification Fields 1 # Lines 3 Linear Ft: 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

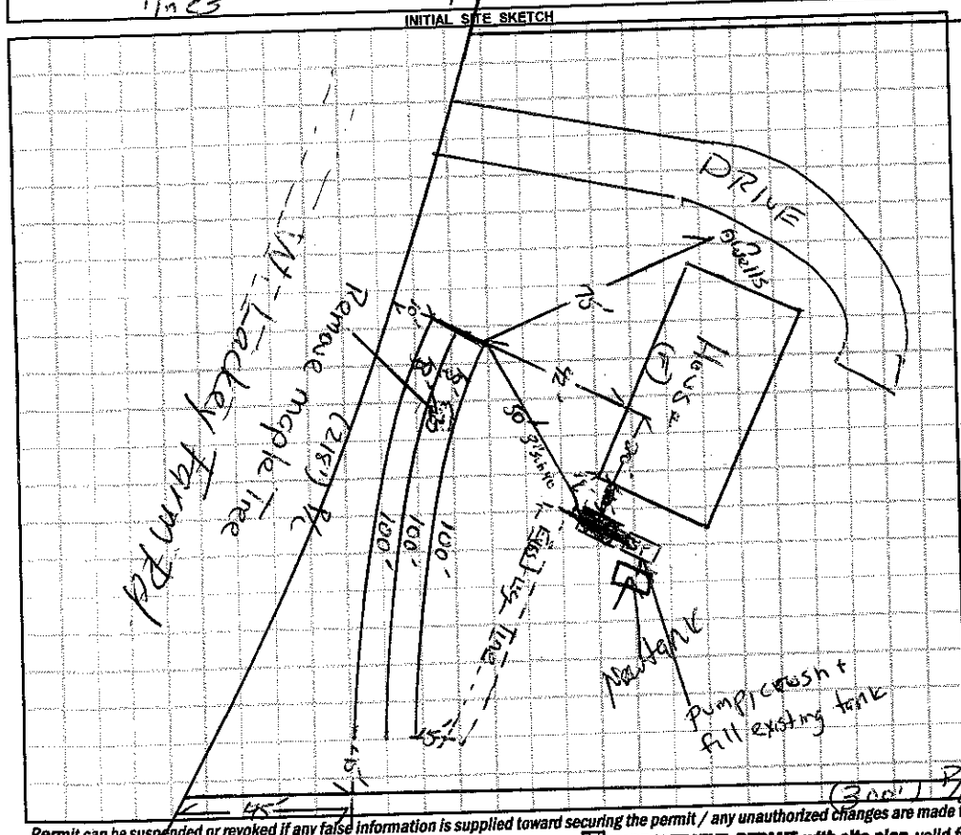
☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees ___ ☒ Crawl Space ☐ Basement w/o plumbing

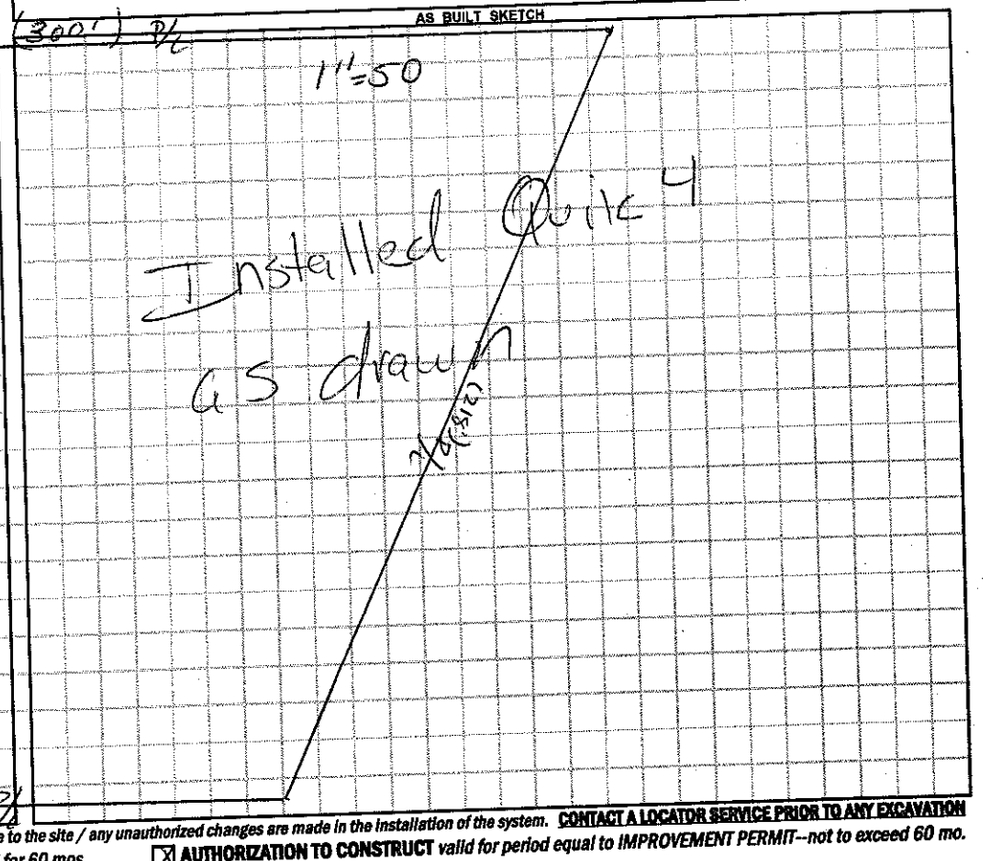
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution. Pump, crush & fill existing tank. Remove maple tree between new lines

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: C.M. Todd Jr Date: ___

IMPROVEMENT PERMIT by: [signature] Date: 09/11/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 09/11/14

Installed by: K+M Grading

OPERATION PERMIT by: [signature] Date: 09/18/14

Existing System Inspected by: ___ Date: ___

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