IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

1:00

PERMIT # 219292

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

PIN # 3797511068

APPLICANT: Mary Good APPLICANT ADDRESS: 530 Carolina Ave.

SITE ADDRESS: 131 Greg Ln. ; Stony Point, NC PHONE: 704-390-1230 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64W TL West Lackey Farm Rd TR Greg Ln Property on Left

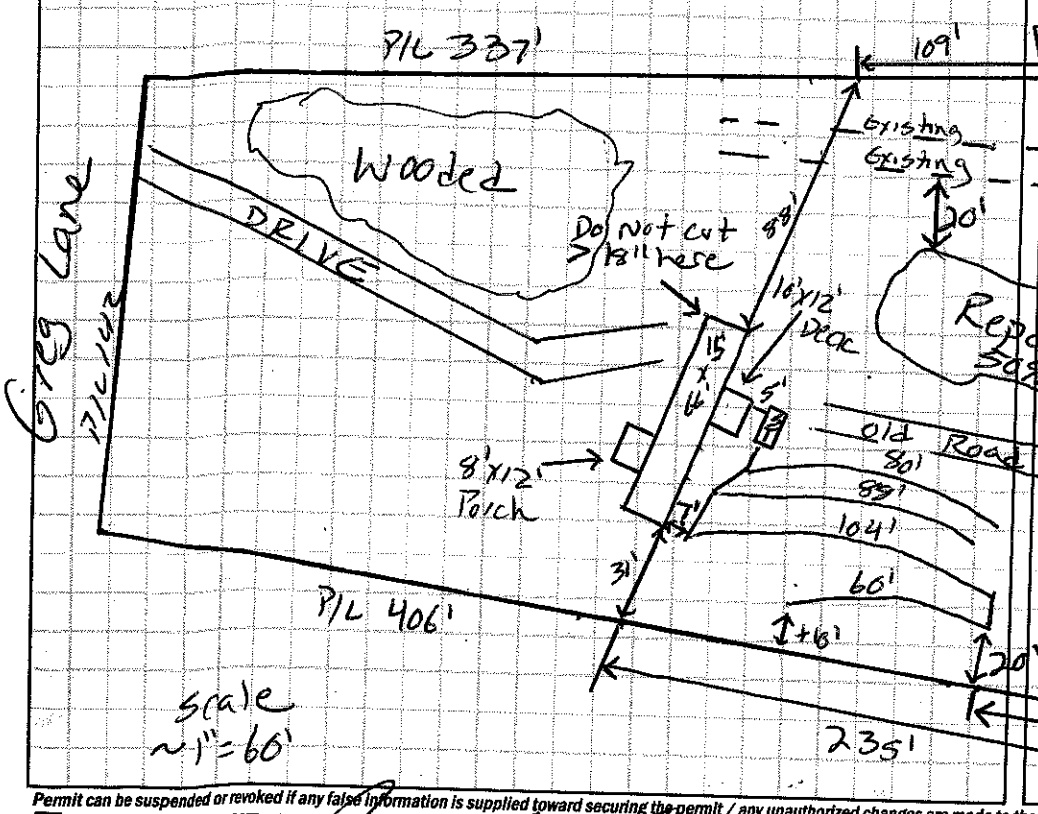
SUBDIVISION: Green Valley SECTION: N/A LOT # 10 LOT AREA: 1.51 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	160	Date	5/20/16	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Low Pressure Pipe S	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	332'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	26"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

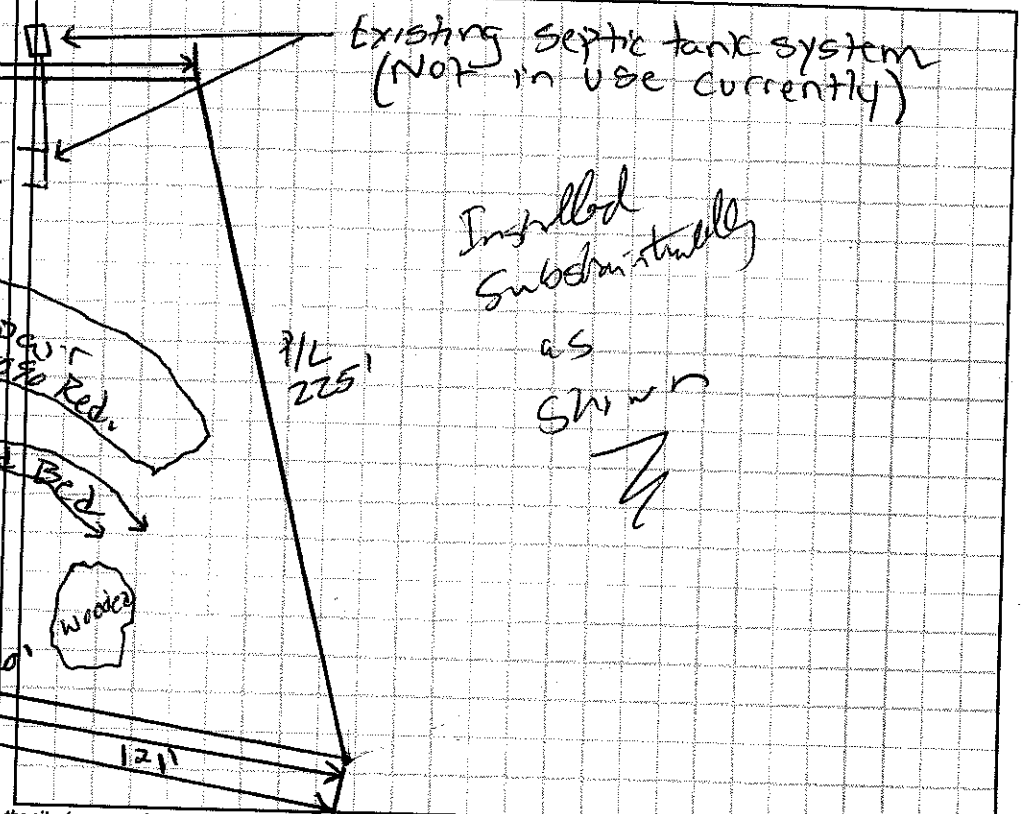
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system 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* ☑ **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: Mary B. Good Date: Installed by: Kevin Nowlin - KE Monday

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-23-16 OPERATION PERMIT by: Date: 9/1/16

AUTHORIZATION TO CONSTRUCT by: Date: 07/29/16 Existing System Inspected by: Date:

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