IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21134 1

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

PIN # 4629950225

APPLICANT: Live Well Homes APPLICANT ADDRESS: 501 Spring Crest Dr.

SITE ADDRESS: 440 Stillwater Rd. PHONE: 704-578-4951 ALT. PHONE: N/A

SITE DIRECTIONS: State Park Rd to Morrison Farm Rd TL Stillwater Rd.

SUBDIVISION: Falls Park SECTION: 1A LOT # 18 LOT AREA: 1.072 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 794 Date 9-29-15

Pump Tank N/A (gal) PT N/A Date N/A

Pump Make N/A Model Poly flow Serial # PL-6Y

Nitrification Fields 1 # Lines 5 Linear Ft: 480

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: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install trench bottoms @ 36" on high side ~~& &~~

INITIAL SITE SKETCH

See attached design by:

Kathleen Saunders, LSS

AS BUILT SKETCH

Installed as drawn

Quick

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: Date: 8-6-15 Installed by: Wesson Septic

IMPROVEMENT PERMIT by: Date: 8-5-15 OPERATION PERMIT by: Date: 12/21/15

AUTHORIZATION TO CONSTRUCT by: Date: 8-5-15 Existing System Inspected by: Date:

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