IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208800

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

PIN # 4636-94-2447

APPLICANT: JOSEPH TALTON APPLICANT ADDRESS: 108 Ringneck Trl. Mooresville NC 28117

SITE ADDRESS: 108 Ringneck Trl. PHONE: ALT. PHONE:

SITE DIRECTIONS: Brawley Sch Rd, TL on Canvasback, TL on Broadbill, TR on Ringneck, First house on R

SUBDIVISION: Woodland Hills SECTION: 8 LOT # 105 LOT AREA: 0.68 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2 Linear Ft: 120'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☐ Repair ☑ Expansion (RELOCATION) System Type: I II (III) IV V VI
System Description: Gravity 25% REDUCTION
Repair System Description: Gravity PM 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☑ PRESSURE

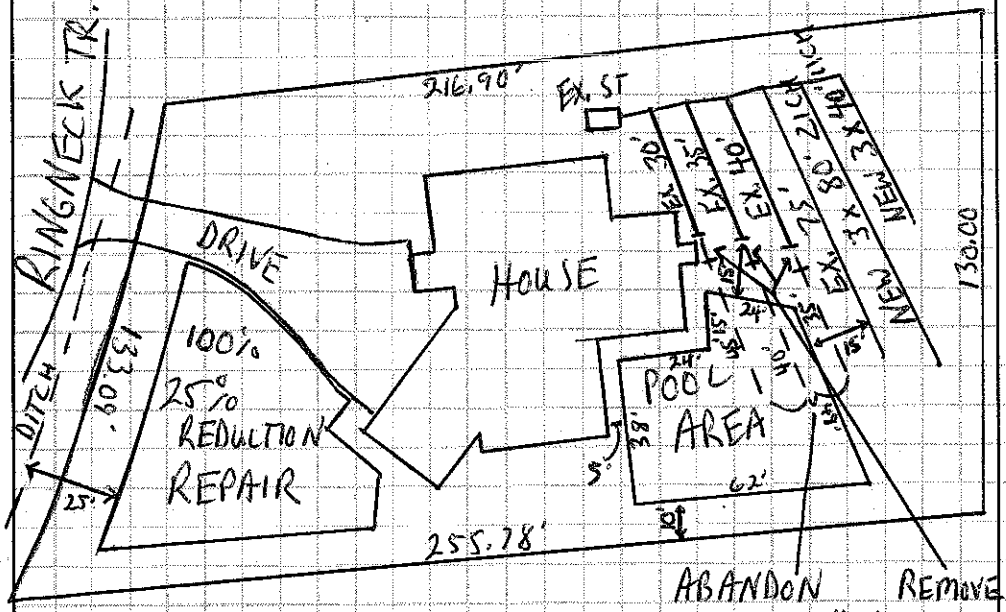
☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Remove minimum 6' of chambers from area at new end of lines. TOP line should remain 30' long, 2nd line should remain 35' and 3rd line should remain 40' long. Compact area where chambers where removed with clay.

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH

INSTALLED AS SHOWN
BA

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: 4/6/15 Installed by: FJ Equip

IMPROVEMENT PERMIT by: Date: 4-2-15 OPERATION PERMIT by: BA Date: 4-24-15

AUTHORIZATION TO CONSTRUCT by: Date: 4-2-15 Existing System Inspected by: Date:

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