IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211475

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

PIN # 4637-25-1339

APPLICANT: MICHAEL CROWLEY APPLICANT ADDRESS: 1317 HYDRANGEA CIR. CONCORD

SITE ADDRESS: 154 RIVERWOOD RD. PHONE: 714-342-1516 ALT. PHONE:

SITE DIRECTIONS: 150, TL MCCRARY, TL RIVERWOOD, ON L

SUBDIVISION: RIVERWOOD REND SECTION: LOT # 9 LOT AREA: .635 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 794 - Dellinger Date 10-13-15
Pump Tank 1000 (gal) PT 283 - Dellinger Date 10-5-15
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 4C90' Linear Ft: 360
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

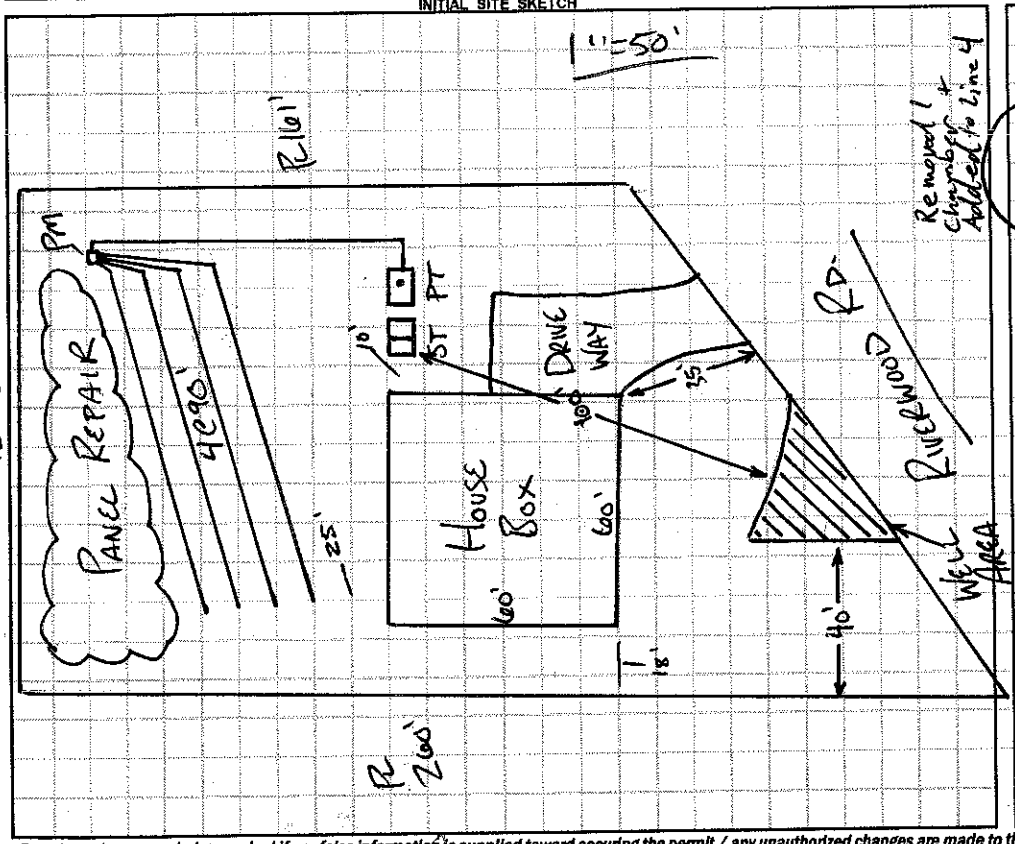
☒ New System ☐ Repair ☐ Expansion System Type: I II ⓘ IV V VI B
System Description: PM 25% REDUCTION
Repair System Description: PANEL
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

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

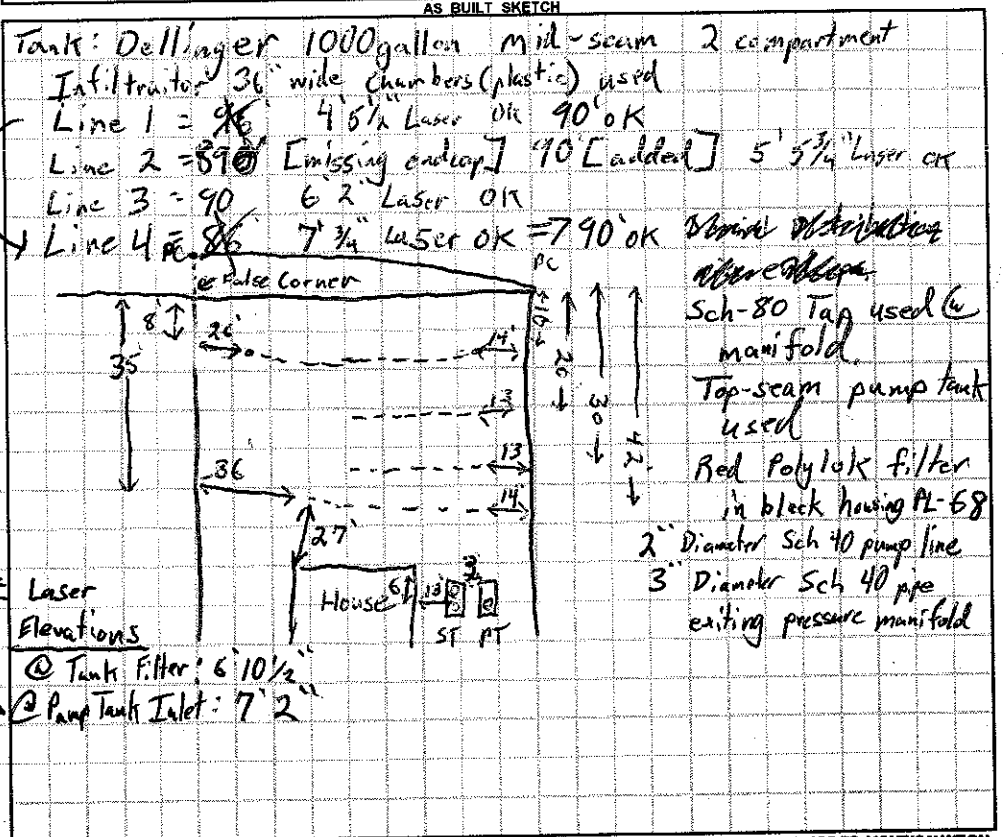
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * USE ½" SCH 80 TAPS *

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: [signature] Date: 7/6/15

IMPROVEMENT PERMIT by: [signature] Date: APPROVED JUN 26 2015

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED JUN 26 2015

Installed by: SPECIALTY SEPTIC

OPERATION PERMIT by: [signature] Date: 12-11-15

Existing System Inspected by: ____ Date: ____

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