IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177535 1100

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

PIN # 4646267376

APPLICANT: Grande Homes Company APPLICANT ADDRESS: 555 Delburg St.

SITE ADDRESS: 324 Sundown Rd. PHONE: 704-400-1710 ALT. PHONE: N/A

SITE DIRECTIONS: Williamson Rd TR Sundown Rd

SUBDIVISION: Mary Iftwell SECTION: N/A LOT # 9 LOT AREA: 0.68 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.25

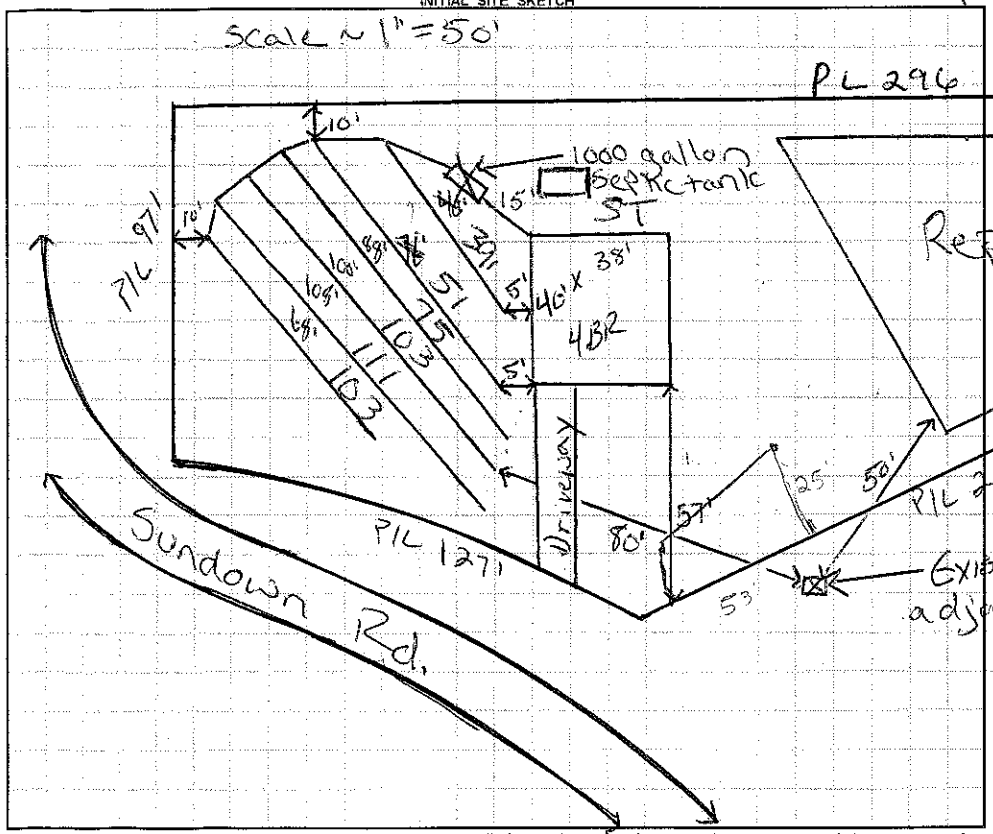
Septic Tank	1000 (gal)	STB	194	Date	4-18-13	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description:	PPBPS - pump			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

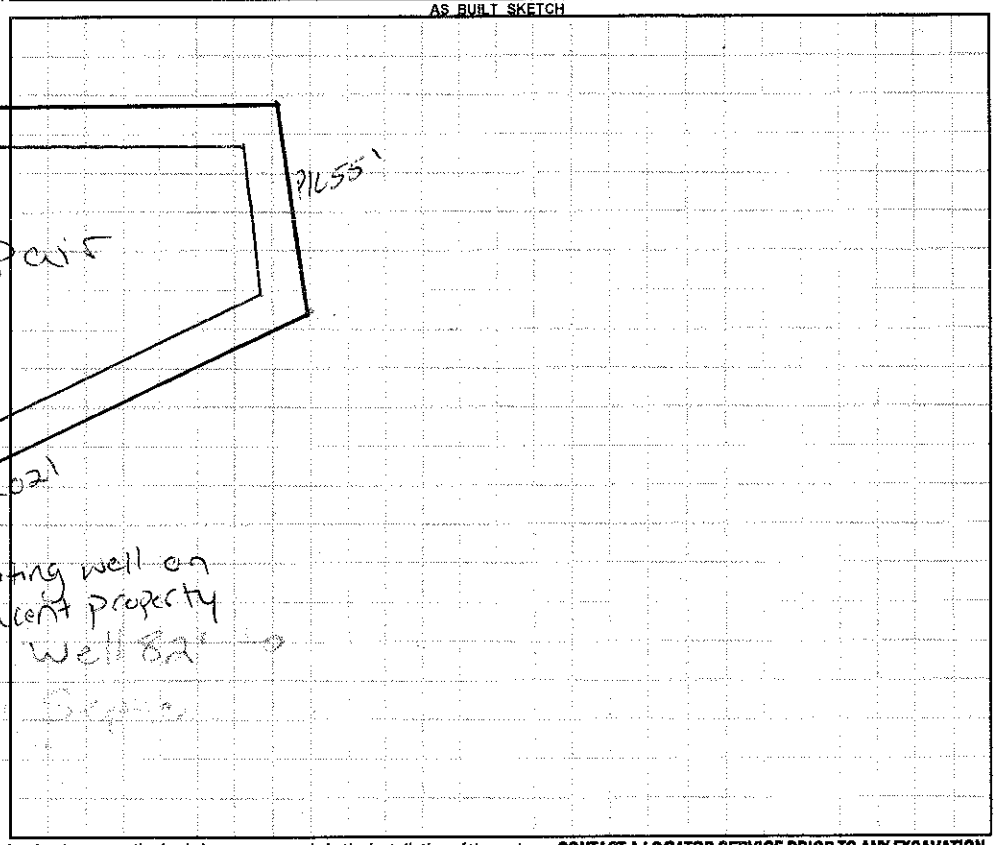
Comments / Conditions: Improvements ONLY! Submit floorplan prior to issuance of CA. Install a 25% reduction system on contour with serial distribution. House is 96' from front property line.

Left ST from PL (long curve) to Boundary
Checked ST lines 5/28/13

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: 3-18-13 Installed by: Willie Christenbury

IMPROVEMENT PERMIT by: [signature] Date: 3-13-13 OPERATION PERMIT by: [signature] RS Date: 5/29

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 5/29/13 Existing System Inspected by: Date:

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