IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211844

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

PIN # 4674-07-3239.000

APPLICANT: Sandra Guralnik APPLICANT ADDRESS: 5563 Cambridge Dr. Charlotte NC 28269

SITE ADDRESS: 7307 Walking Horse Trail, Davidson NC PHONE: 704-236-2073 ALT. PHONE: 903-780-9528

SITE DIRECTIONS: Shearers Rd., TL Anniston Way, TR Byrnes, TL Walking Horse Trail, Site 2nd on R.

SUBDIVISION: Anniston SECTION: 4 LOT # 142 LOT AREA: 1.854 Acre DESIGN FLOW: 480 GPD L.T.A.R.: Existing .25

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 6 Linear Ft: 480'

Trench Width 36" (Ex.) Max. Trench Bottom Depth Existing Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction - Gravity

Repair System Description: 25% Reduction - Gravity

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

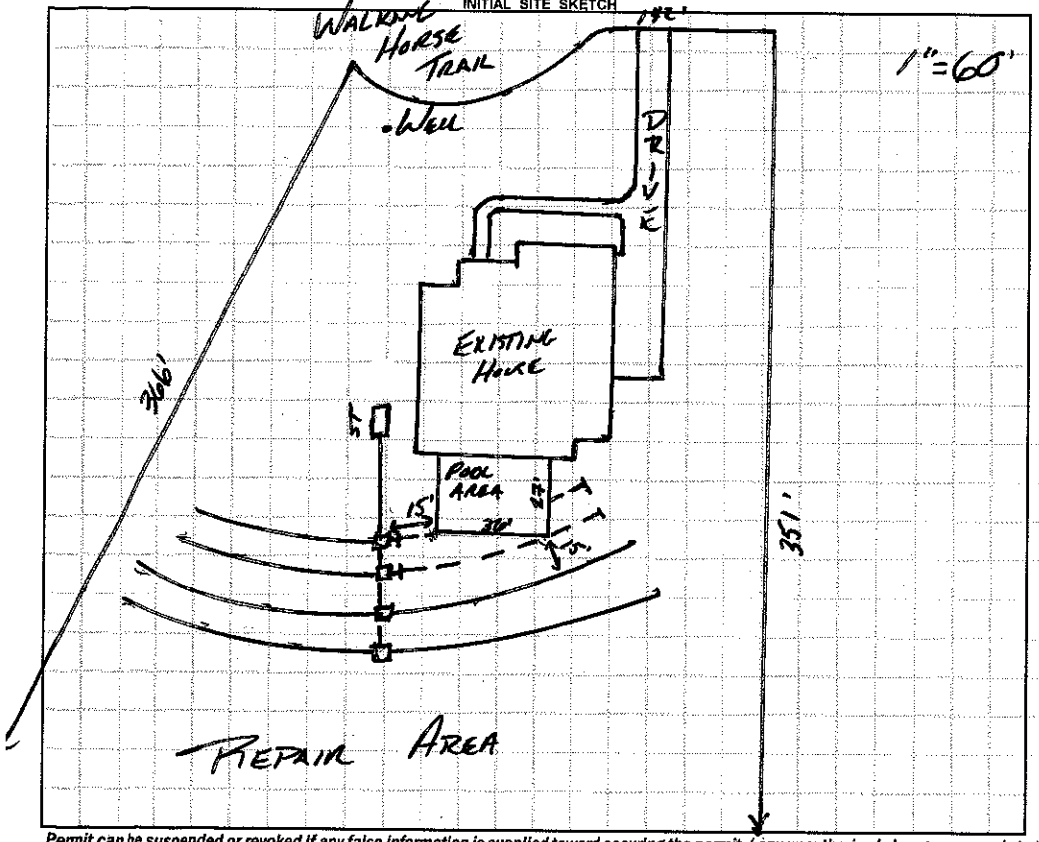
☒ Private

☐ Public

☐ Community

Comments / Conditions: Earth and Dam 15' of First 2 Lines In Pool Area To Make Pool Wall 15' From Any Part of Drainfield. Removing 55' of First Line And 65' of 2nd Line To Make Total of 120' Removed To Go From A 5BR Home To A 4 BR.

INITIAL SITE SKETCH



AS BUILT SKETCH

Chambers Removed
End Caps Plugged going to Left
Water in hole for leach bed
Crew to compact backfill as much as possible.

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: 8-13-2015 Installed by: TW Company

IMPROVEMENT PERMIT by: Date: 8/7/15 OPERATION PERMIT by: W Sparks Date: 8/25/16

AUTHORIZATION TO CONSTRUCT by: APPROVED AUG 13 2015 Date: Existing System Inspected by: Date:

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