IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177317

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

PIN # 4678-35-8149

APPLICANT: LEANNA TAYLOR APPLICANT ADDRESS: 145 WALNUT HOLLOW LN

SITE ADDRESS: SAME PHONE: ALT. PHONE:

SITE DIRECTIONS: WIGGINS, TL WALNUT HOLLOW & END

SUBDIVISION: SECTION: LOT # LOT AREA: 2AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 160 Date 7-21-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4@75' Linear Ft: 300'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

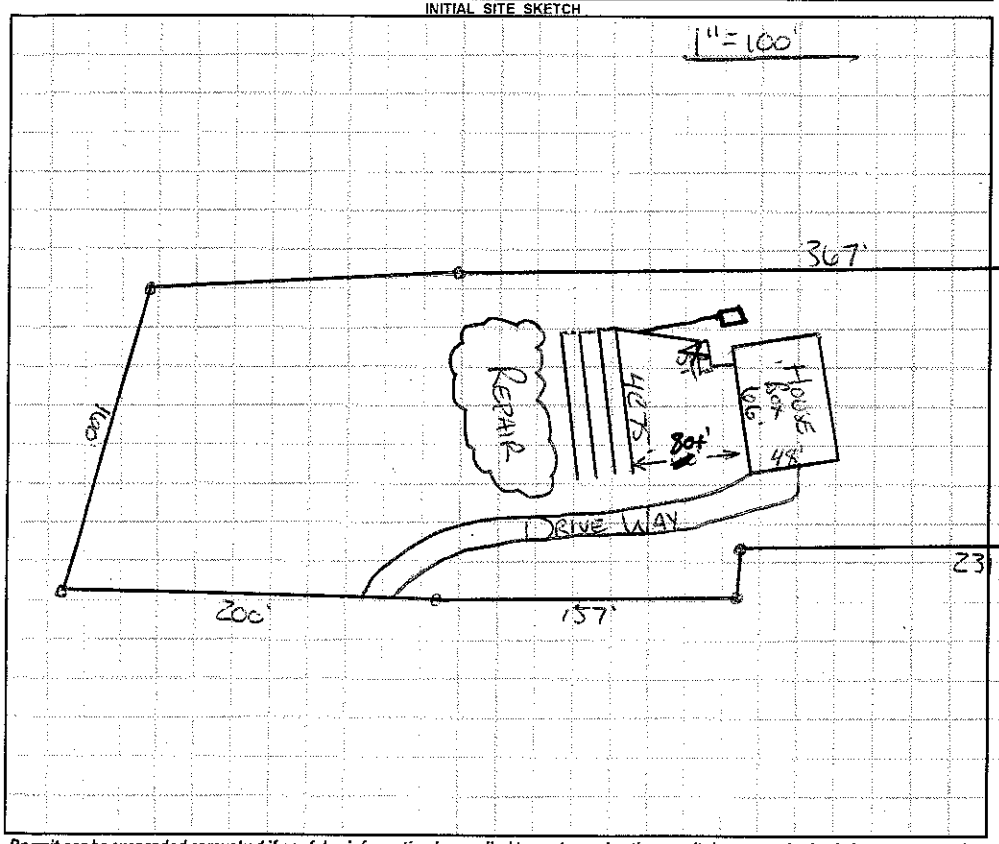
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: SAME
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

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

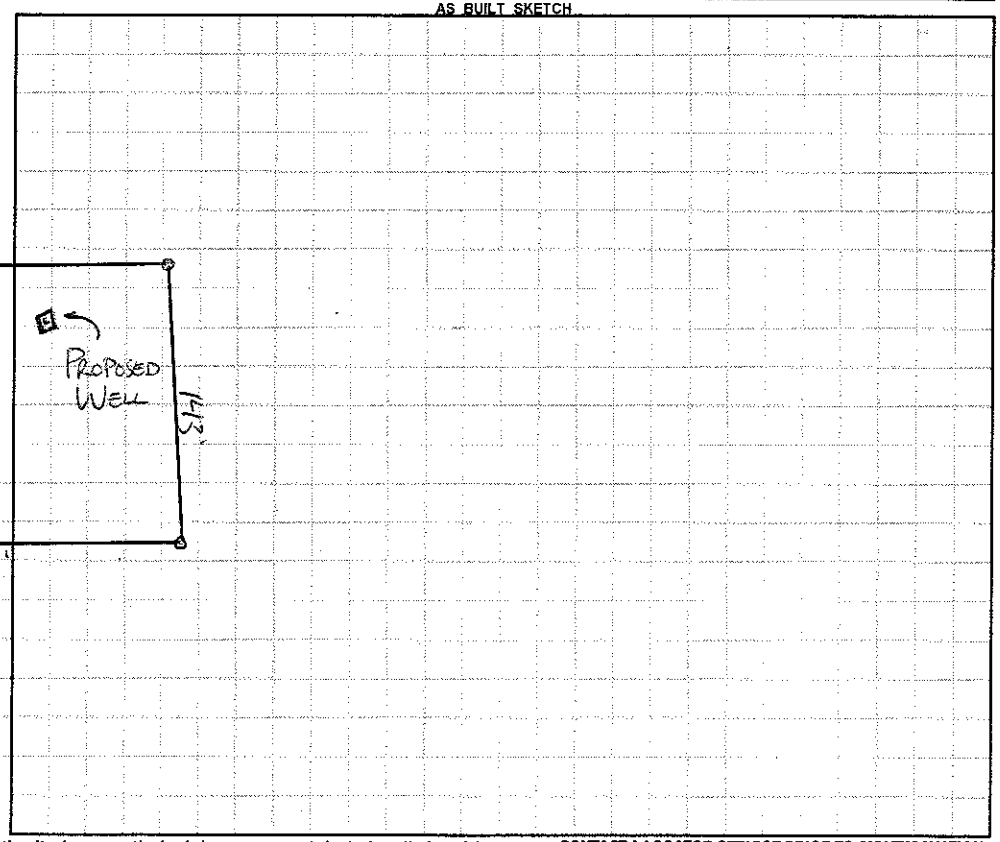
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: TANK MAY NEED TO BE FURTHER DOWN HILL DUE TO ROCK

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: Date: 5-3-13 Installed by:

IMPROVEMENT PERMIT by: Date: 4-24-13 OPERATION PERMIT by: Date: 10-20-15

AUTHORIZATION TO CONSTRUCT by: Date: 5-3-13 Existing System Inspected by: Date:

Hea[illegible] /HITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK