MD 2180

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213873

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

PIN # 4679-05-3074

APPLICANT: FRED GUNTHER APPLICANT ADDRESS: 2053 TRIPLETT RD

SITE ADDRESS: 2059 TRIPLETT Rd; MT. ULLA PHONE: 704-663-5508 ALT. PHONE:

SITE DIRECTIONS: 801, TL TRIPLETT, ON L

SUBDIVISION: SECTION: LOT # LOT AREA: .86 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 160 Date 11-9-15 ☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

Pump Tank (gal) PT Date System Description: GRAVEL

Pump Make Model Serial # Repair System Description: NOT REQUIRED

Nitrification Fields 1 # Lines 7 Linear Ft: 400' Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth X 60" X Gravel Depth 12" ☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

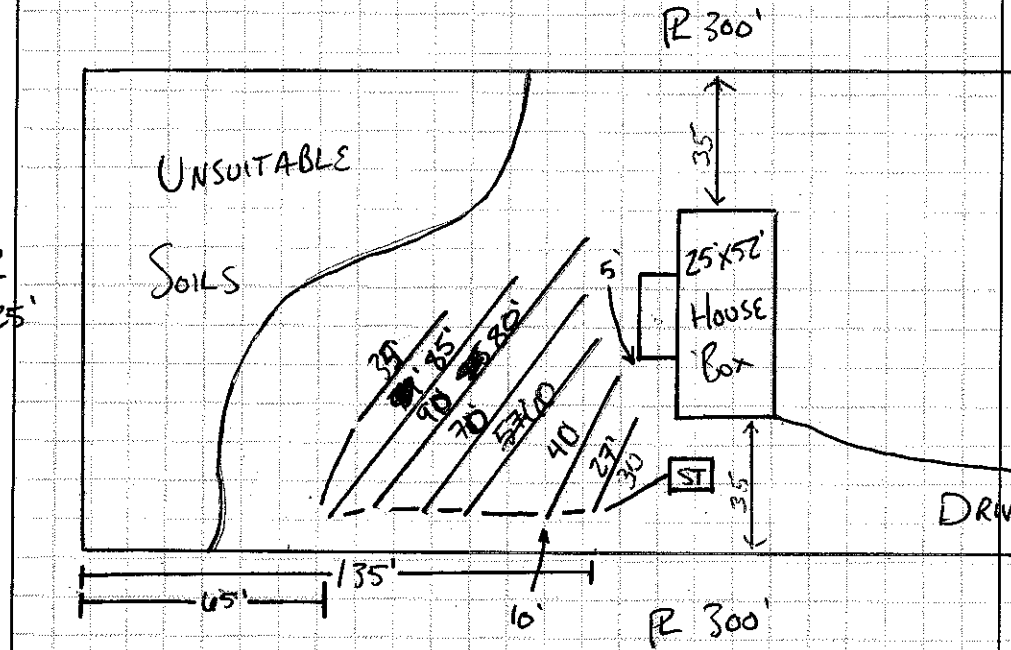
No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

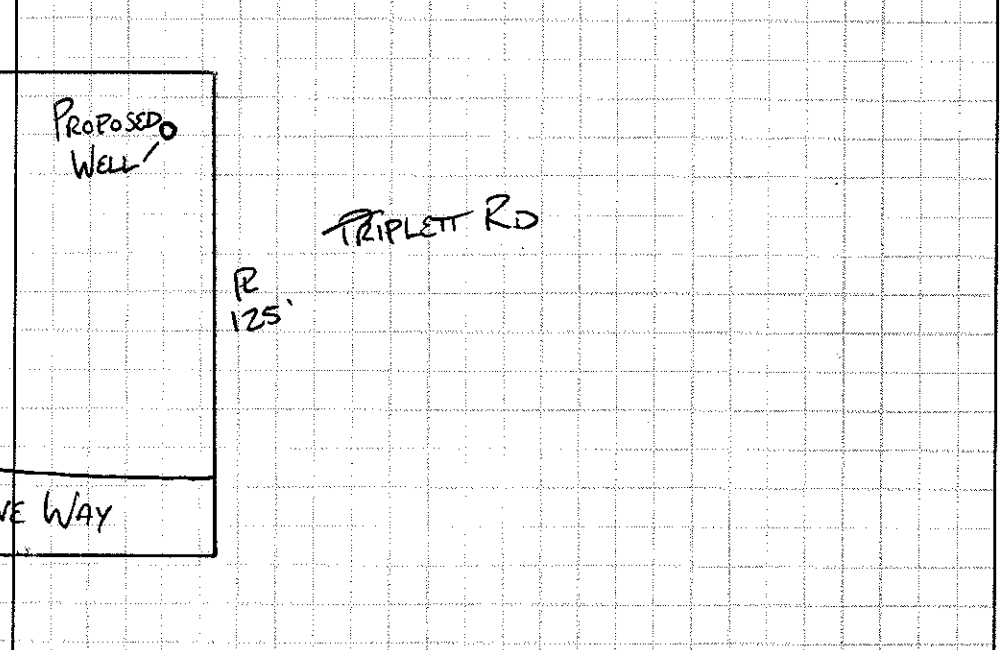
Comments / Conditions: INSTALL EXACTLY WHERE SHOWN @ 60" DEEP CAN USE CHAMBERS BUT MUST USE CONVENTIONAL LENGTH

30, 40, 60 Checked Upper 3 lines & ST 11/29/16 MG CHECKED REST OF LINES 2-1-16 BA

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: 11-2-15 Installed by: Abee Grading

IMPROVEMENT PERMIT by: APPROVED Date: OCT 30 2015 OPERATION PERMIT by: Date: 2-1-16

AUTHORIZATION TO CONSTRUCT by: Date: 1-21-16 Existing System Inspected by: Date:

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