IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 178037

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

PIN # 4705245241

APPLICANT: Wilson Building INC APPLICANT ADDRESS: 120 White Dogwood Ln

SITE ADDRESS: 299 Massey Dear Rd. PHONE: 704-880-8219 ALT. PHONE: N/A

SITE DIRECTIONS: Old Mtn Rd TR Massey Dear Rd Site on left ~ 1mile

SUBDIVISION: Ponderosa Farms SECTION: N/A LOT # 5 LOT AREA: .89 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1012 Date 10-23-12
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 5 Linear Ft: 360
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

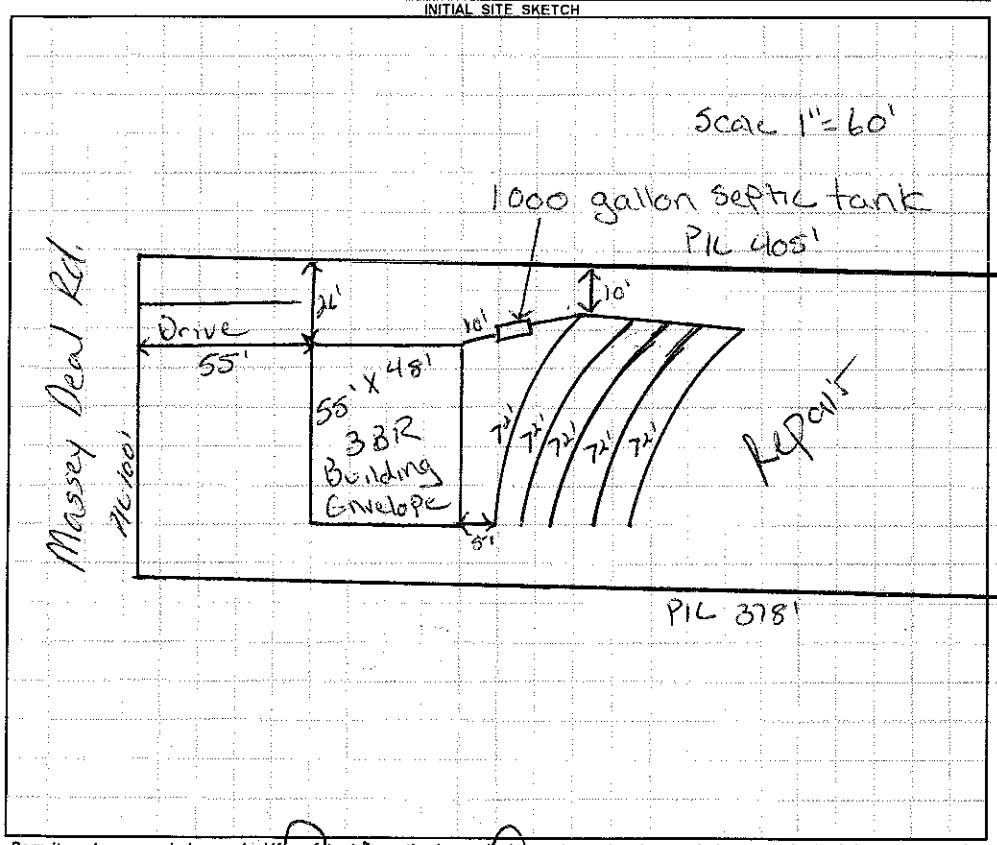
☑ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

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

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

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: 5-14-13 Installed by: Piedmont Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 5-8-13 OPERATION PERMIT by: [signature] Date: 6-25-12

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 5-8-13 Existing System Inspected by: ____ Date: ____

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