IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215728

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

PIN # 4706475450

APPLICANT: William Murphy APPLICANT ADDRESS: 215 Miller Farm Rd.

SITE ADDRESS: 4669 Taylorsville Hwy PHONE: 704-929-8033 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 90 W Property on left ~ 1/4 past Scotts Creek Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.14 acres DESIGN FLOW: 720 L.T.A.R.: 0.3

Septic Tank 1500 (gal) STB 528-1000 Date 4-15-15

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 6 Linear Ft: 600

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II ☒ IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 6

☐ Business No. Persons 12

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

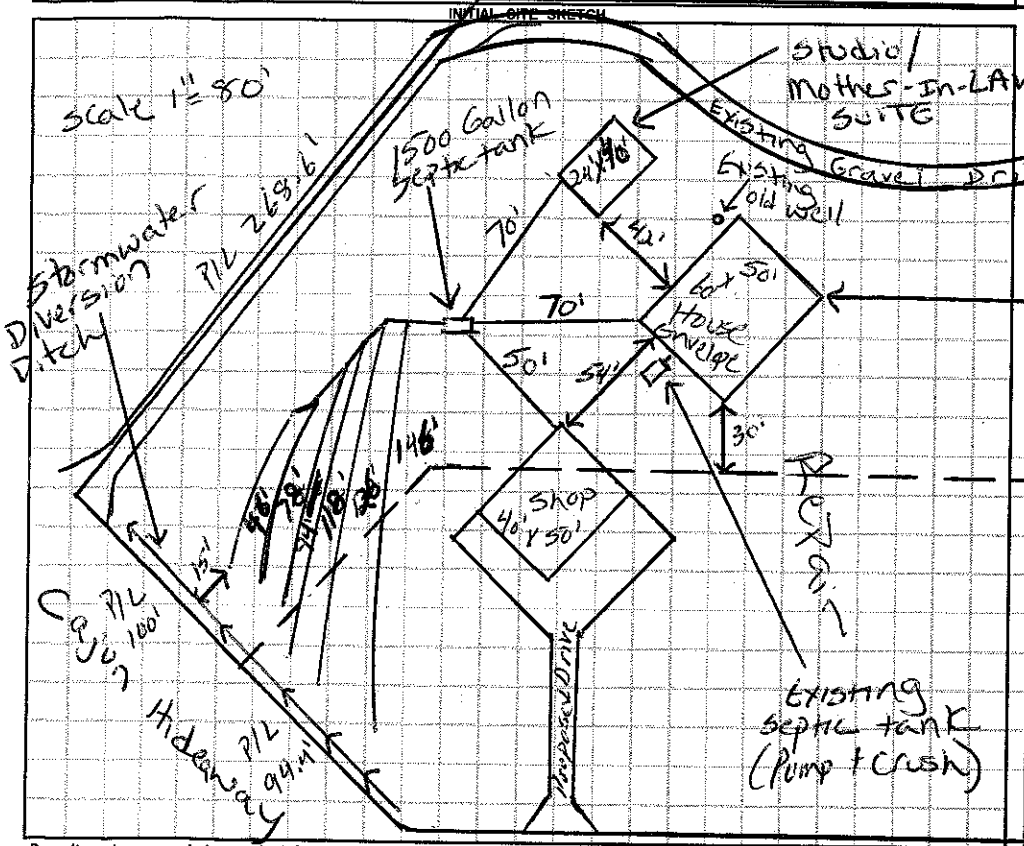
☐ Basement w/plumbing ☑ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

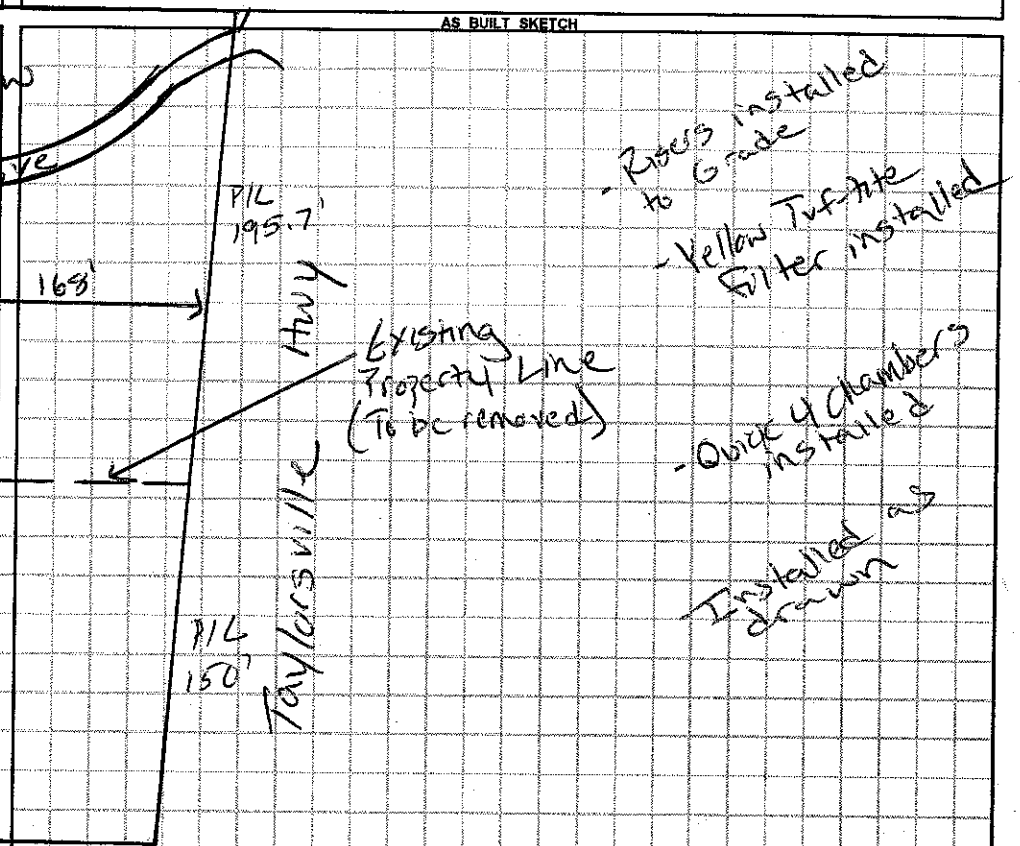
Comments / Conditions: IMPROVEMENTS ONLY! Combine Lots Prior to issuance of CA's. Install a 25% Reduction System on Contour with serial distribution. P/L 322'

Pump & crush existing septic tank. Each collection sewer from each building structure shall enter septic tank as shown below.

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: 2/31/8/15/14 Installed by: LOVE Valley Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-25-14 OPERATION PERMIT by: Justin Henderson Date: 4-15-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 8-8-14 Existing System Inspected by: ____ Date: ____

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