IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212336

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4713430899

APPLICANT: Thomas Stewart APPLICANT ADDRESS: 119 Redmond Dairy Rd.

SITE ADDRESS: 152 Celeste Eufola Rd. - Statesville PHONE: 704-838-0375 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70 W TL old Mtn Rd. TR Celeste Eufola Rd.

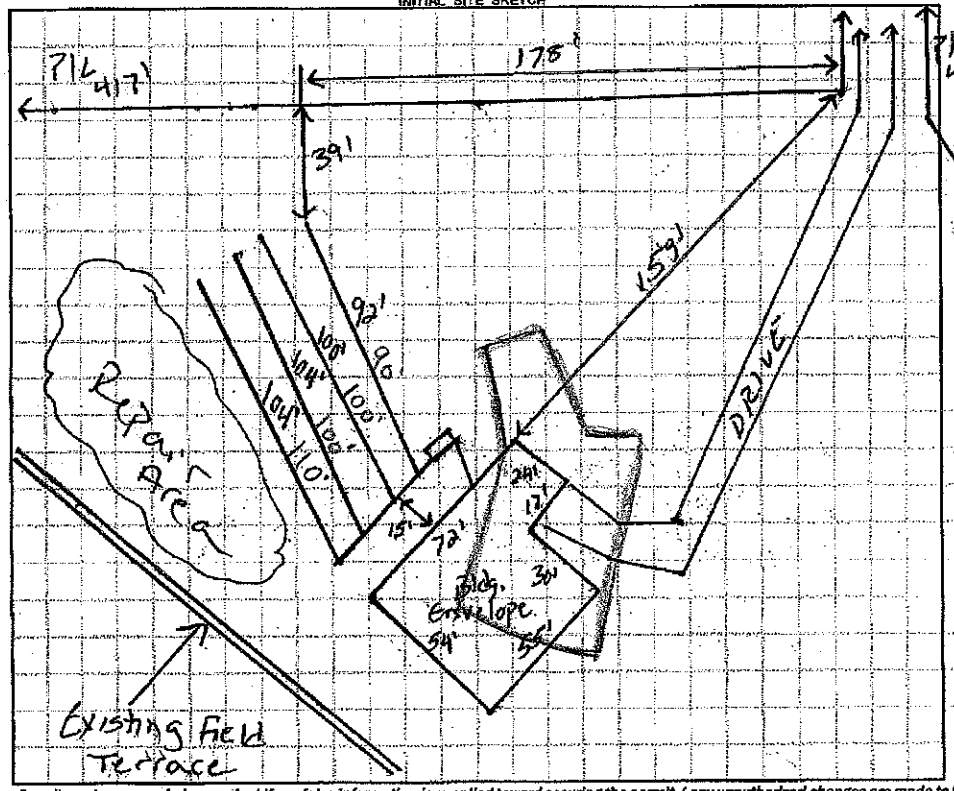
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.0 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	9-4-16	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4
Pump Tank	(gal)	PT		Date		System Description: 2590 Reduction	☐ Business	No. Persons	8
Pump Make		Model		Serial #		Repair System Description: 2590 Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	34"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

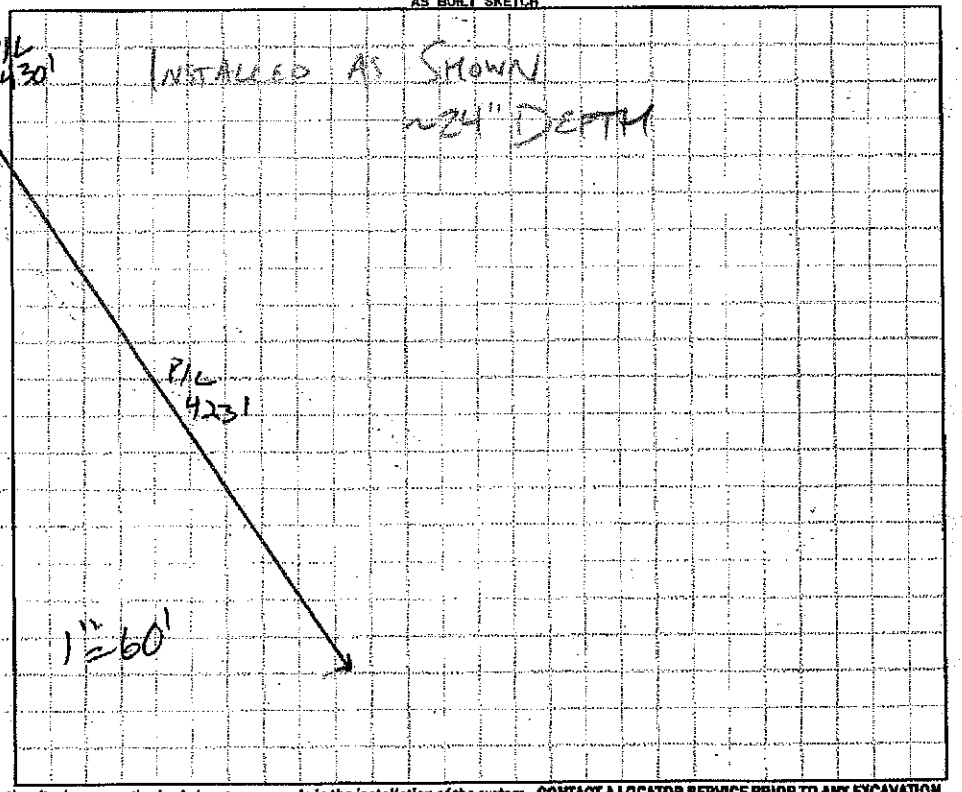
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 2590 Reduction system on contours 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: _____ Date: _____ Installed by: Tim Sumner

IMPROVEMENT PERMIT by: Justin Henderson Date: 7-11-16 OPERATION PERMIT by: _____ Date: 2-20-17

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 7-11-16 Existing System Inspected by: _____ Date: _____

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