IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213173

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

PIN # 4719217071 ✓

APPLICANT: Derek Osborne Builders APPLICANT ADDRESS: Po Box 1783 Statesville NC

SITE ADDRESS: 273 Bowles Farm Rd. PHONE: 704-902-3084 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TL Pisgah Church Rd TR Bowles Farm Rd.

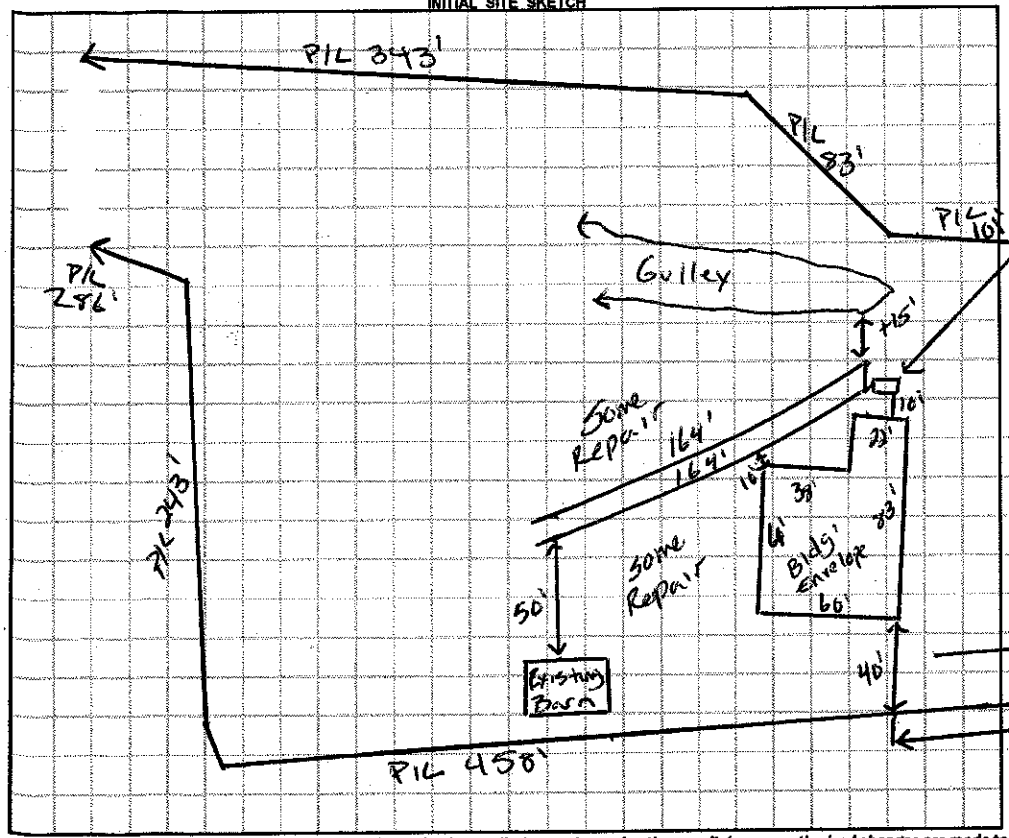
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.29 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	740	Date	N/A	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description: 25% Reduction	☐ Business	No. Persons	6
Pump Make	N/A	Model	N/A	Serial #		Repair System Description: 25% Reduction w/ covers	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	2	Linear Ft:	328	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☐ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing	

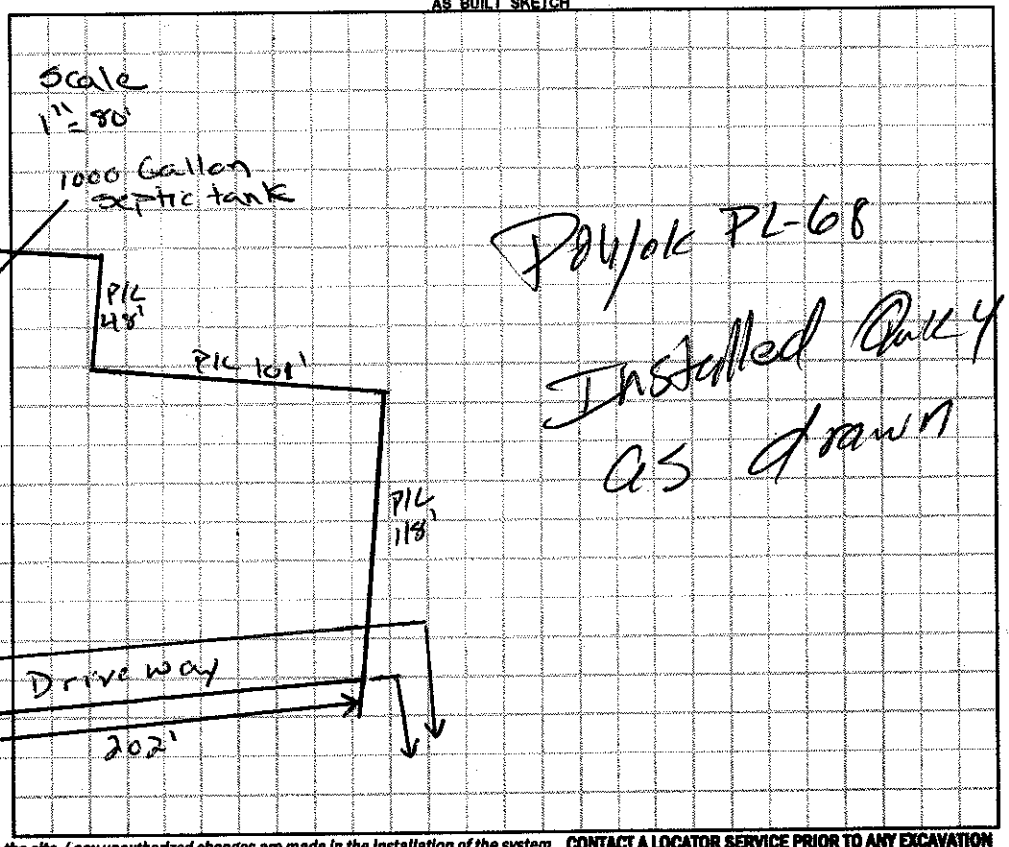
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distributon. Install trench bottoms 18" on low side. Pit evaluated at time of installation to achieve 36" TD

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: 10-6-2015 Installed by: Wellborn Grading & Septic LLC

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-2-15 OPERATION PERMIT by: [signature] Date: 08/15/16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 10-2-15 Existing System Inspected by: Date:

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