2:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176815

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

PIN # 4720053442

APPLICANT: Johnny Pope APPLICANT ADDRESS: 1185 E. Monbo Rd.

SITE ADDRESS: 1185 E. Monbo Rd. PHONE: 704-528-6209 ALT. PHONE: N/A

SITE DIRECTIONS: 215 TR Old Mtn Rd TL E. Monbo Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.8 acres DESIGN FLOW: 240gpd L.T.A.R.: 0.3

Septic Tank: Existing (gal) STB Date

Pump Tank: 1000 (gal) PT 302 Date: 11-19-2

Pump Make: Zoeller Model: N152 Serial #

Nitrification Fields: 1 # Lines: 4 Linear Ft: 200

Trench Width: 36" Max. Trench Bottom Depth: 28" Gravel Depth: N/A

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) V V VI

System Description:

Repair System Description: 25% Reduction - Pump

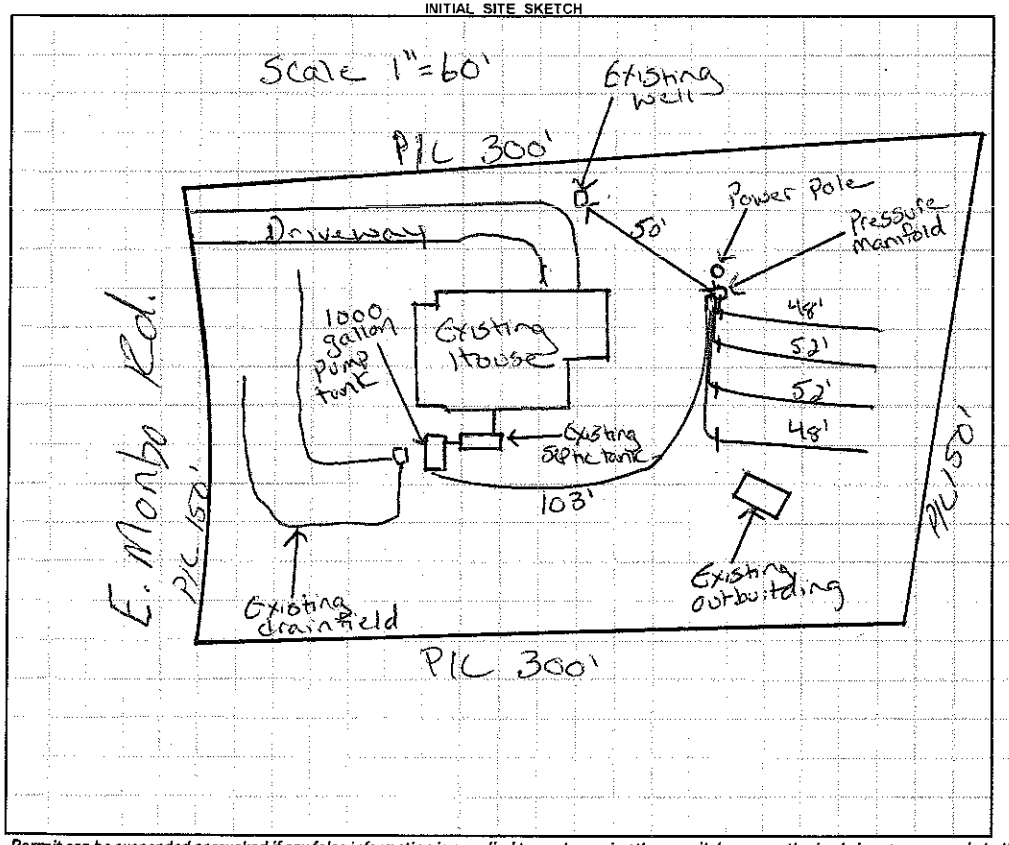
Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms: 2 ☐ 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 parallel distribution

INITIAL SITE SKETCH



AS BUILT SKETCH

104W installed

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: Johnny M Pope Date: 1-31-13 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 1-31-13 OPERATION PERMIT by: James Date: 2-15-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 1-31-13 Existing System Inspected by: Date:

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