IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209230

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

PIN # 4723017536

APPLICANT: Larry Munday APPLICANT ADDRESS: 673 Shiloh Rd Statesville NC

SITE ADDRESS: 121 Spring Meadows Ln Statesville NC 28677 PHONE: 704-902-1479 ALT. PHONE: 704-872-6019

SITE DIRECTIONS: Buffalo Shoals T/R Old Mtn Rd T/R Spring Meadows Lot on left

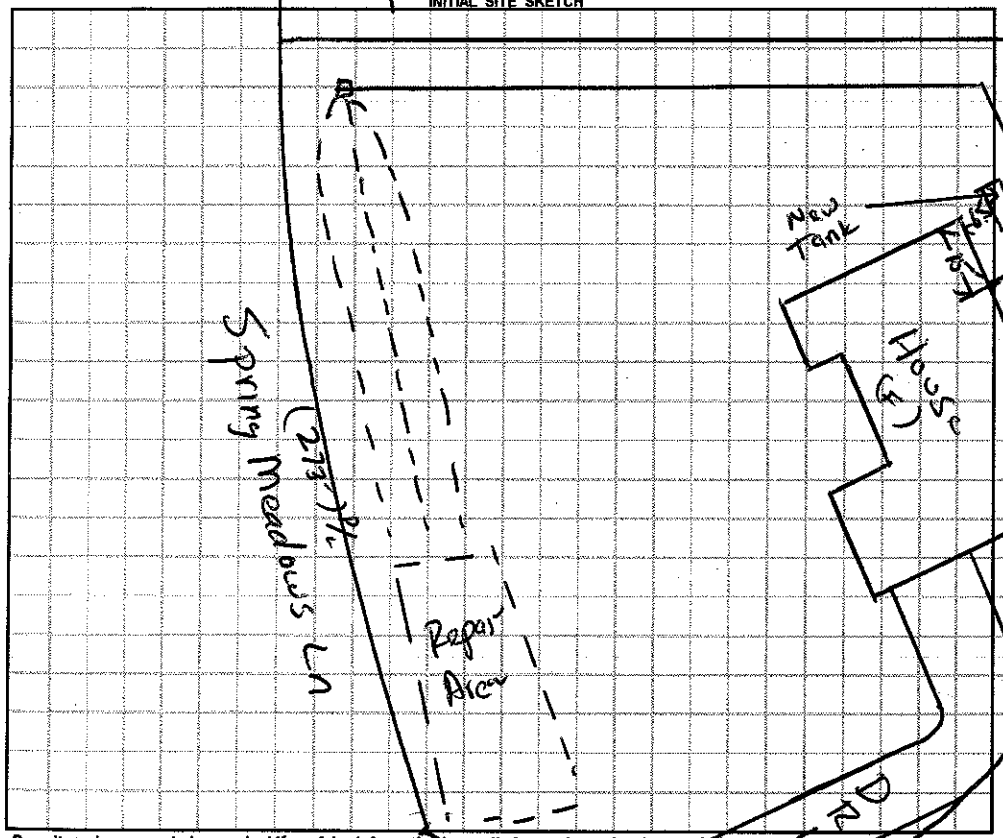
SUBDIVISION: Spring Meadows SECTION: N/A LOT # 59 LOT AREA: .899ac DESIGN FLOW: 360 L.T.A.R.: Ex

Septic Tank	1000	(gal)	STB	10 ft	Date	9-2-14	☐ New System ☐ Repair ☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	Ex	(gal)	PT	Ex	Date	Ex	System Description:	Existing New Tank	☐ Business	No. Persons	6	☒ Private
Pump Make	Ex	Model		Tuthill	Serial #	[illegible]	Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	Ex	# Lines		Ex	Linear Ft:	Ex	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Ex	Max. Trench Bottom Depth		Ex	Gravel Depth	Ex		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

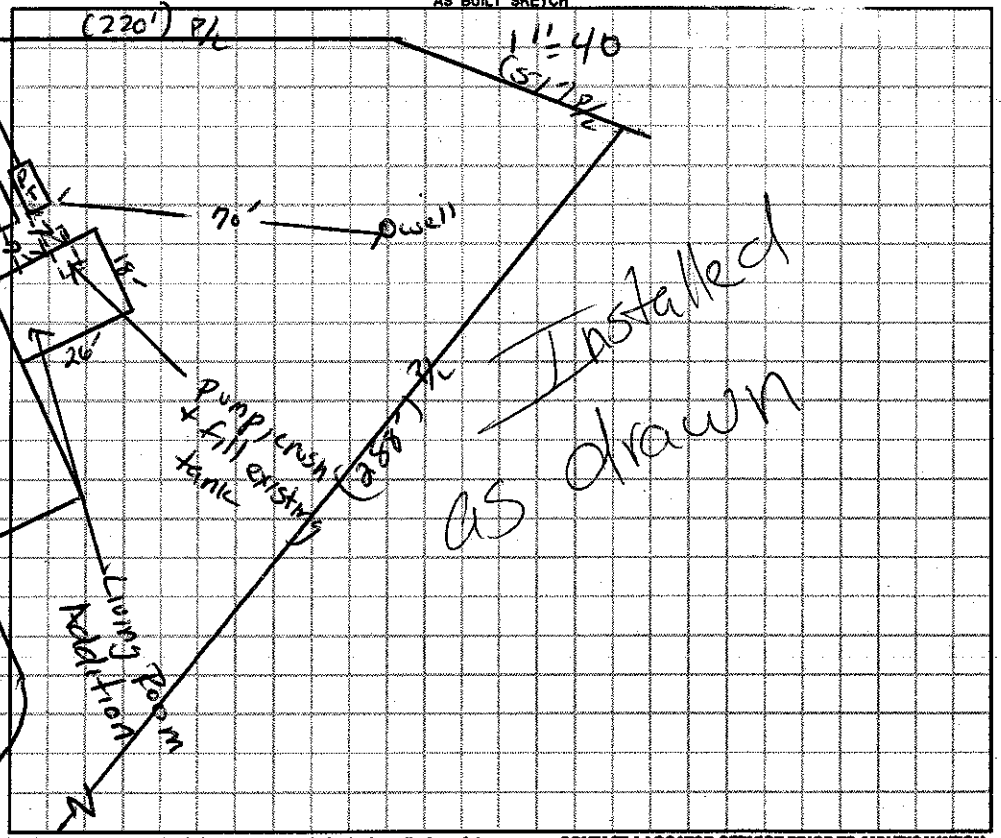
Comments / Conditions: Pump, crush & fill existing tank. Existing pump tank must be brought to to today's standards including riser & control panel.

Purpose of this permit is to. replace Septic tank.

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: 04/29/15 Installed by: [signature]

IMPROVEMENT PERMIT by: [signature] Date: 04/25/15 OPERATION PERMIT by: [signature] Date: 05/20/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 04/25/15 Existing System Inspected by: Date:

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