IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305, Mooresville Office (704) 660-3625 PERMIT # 210694

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

PIN # 4727824010

APPLICANT: Custom Homes by Lisa APPLICANT ADDRESS: 194 Cross Country Rd Statesville NC

SITE ADDRESS: 129 Foy Ln Statesville NC 28625 PHONE: 704-902-0733 ALT. PHONE: 704-902-6755

SITE DIRECTIONS: 115 N T/R on Red Chimney Rd T/R on Foy - Lot on left

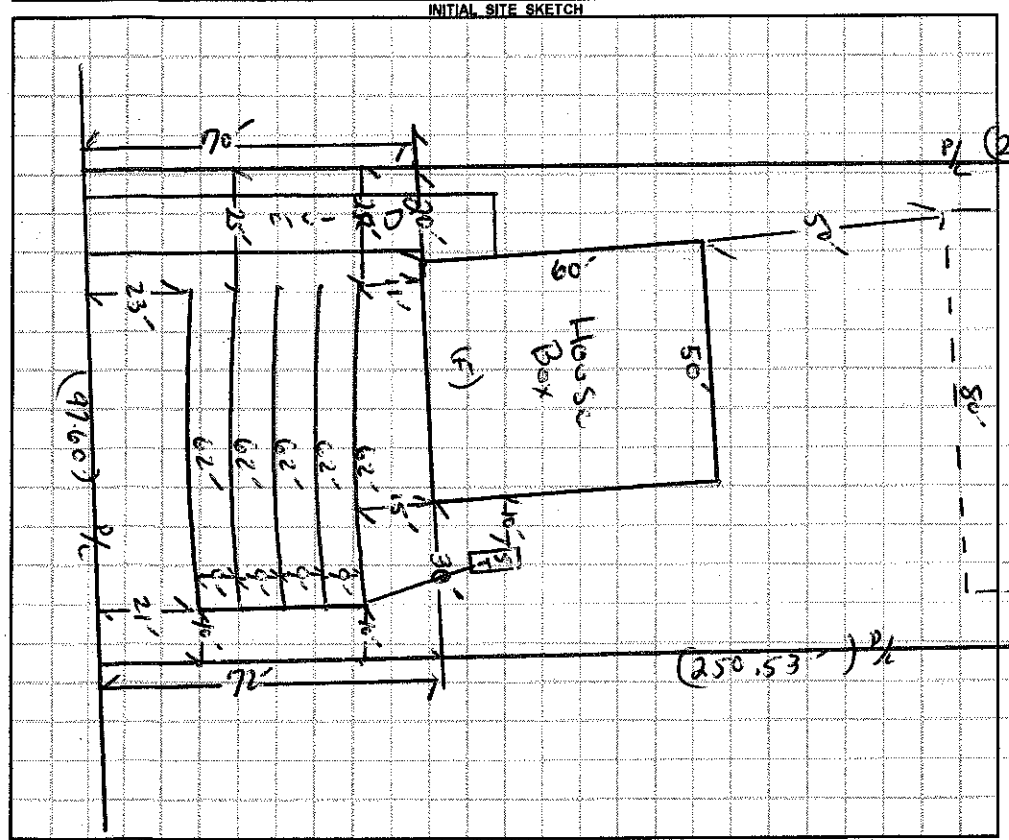
SUBDIVISION: North Crossing SECTION: P1 LOT # 8 LOT AREA: 0.593 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	8-29-16	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			[ ] Business	No. Persons 6
Pump Make		Model	Rol/Dic	Serial #	PL-68	Repair System Description:	25% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	200	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing	[ ] Basement w/o plumbing

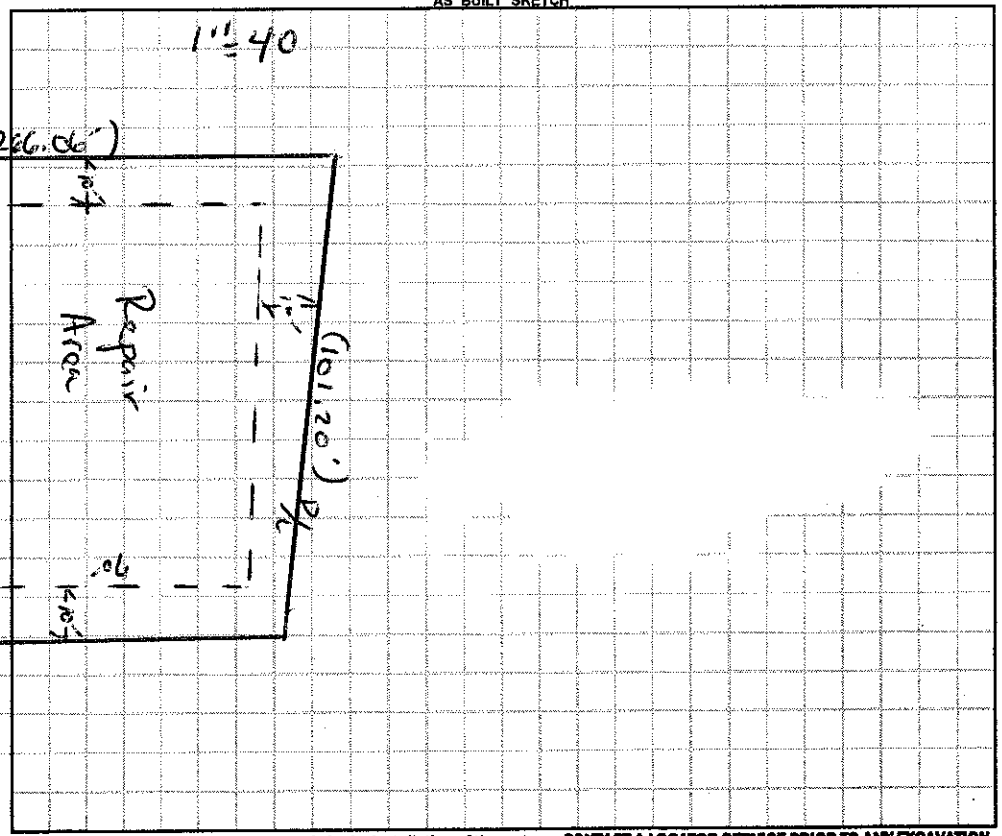
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour 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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Lisa Williams Date: 7-23-15 Installed by: Kenny Madison

IMPROVEMENT PERMIT by: [signature] Date: 07/22/15 OPERATION PERMIT by: [signature] Date: 08/02/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/01/15 Existing System Inspected by: Date:

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