IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204629

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

PIN # 4731187145

APPLICANT: Julie + Loyd Breedlove APPLICANT ADDRESS: 330 E Monbo Rd Statesville NC

SITE ADDRESS: 330 E. Monbo Rd Statesville NC PHONE: 704-661-9619 ALT. PHONE: N/A

SITE DIRECTIONS: Exit 45 to old Mountain Rd from Murdock Rd cross onto old Mtn T/L E. Monbo.

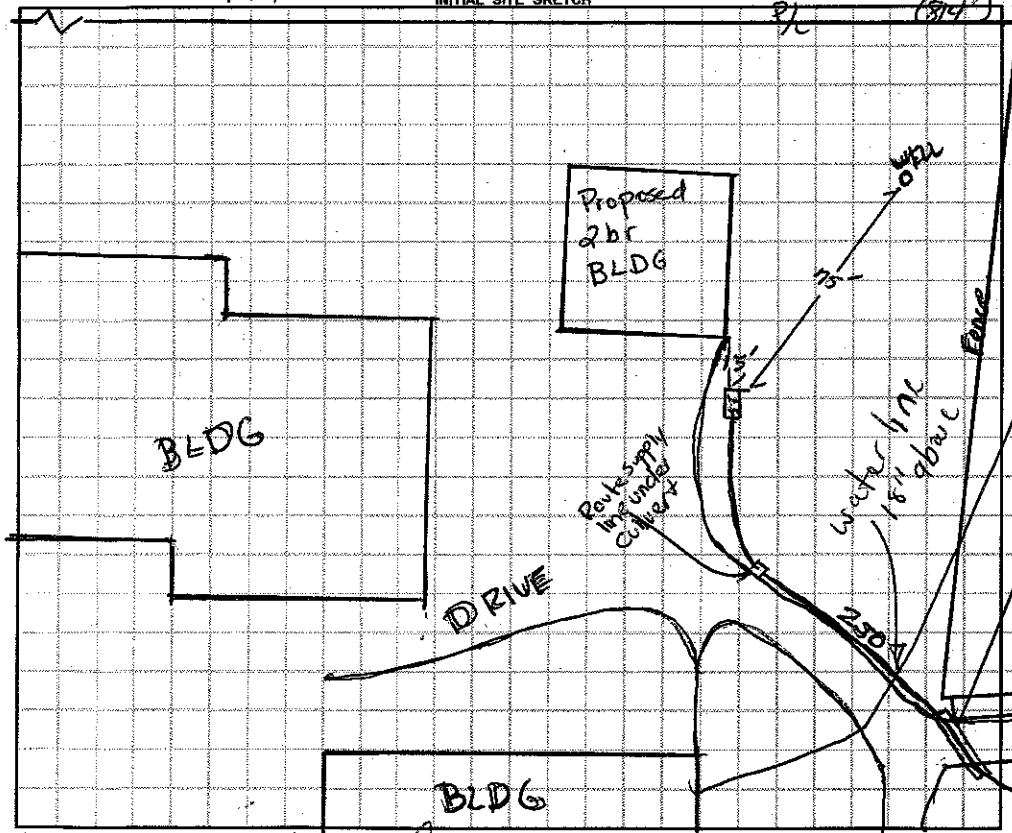
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 13.962 ac DESIGN FLOW: 240 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	794	Date	3-16-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			
Pump Make	N/A	Model	Poly/Tek		Serial #	PL-68	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	2		Linear Ft:	240	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			

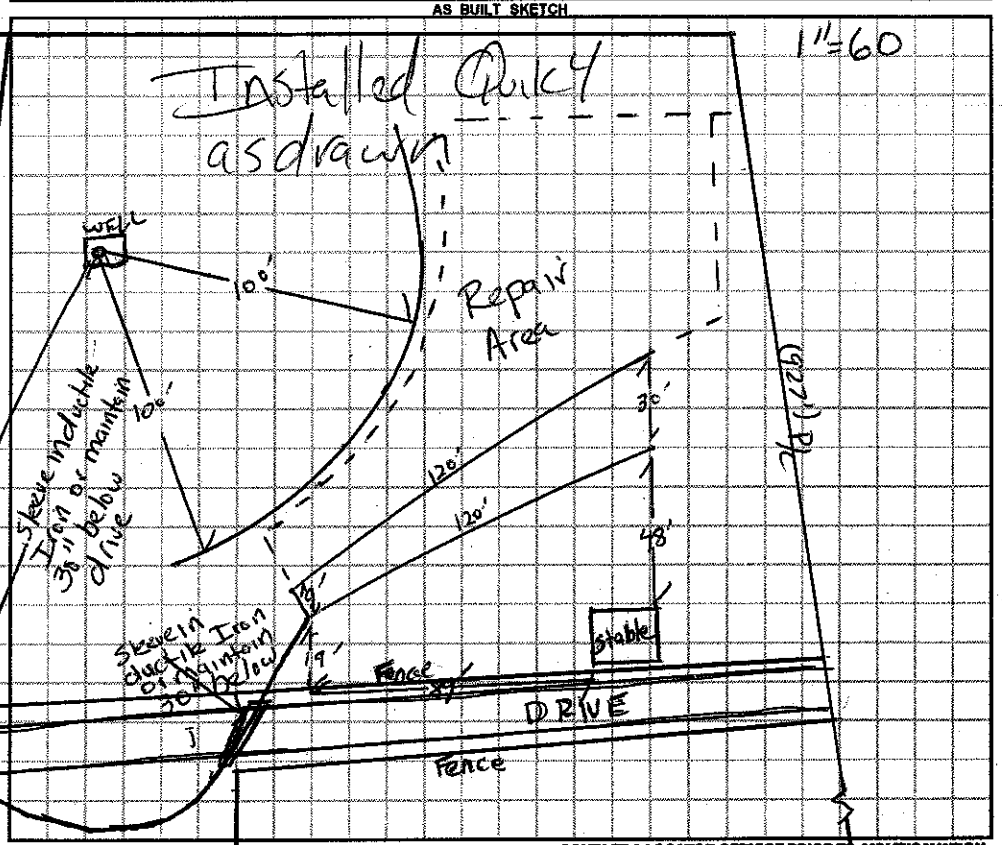
☒ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install 25% reduction on contour with Serial distribution. Maintain 1/8 per inch of fall on supply line. Maintain 30" below drive with supply line or sleeve in ductile Iron.

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 plan 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: 9/11/14 Installed by: C Wayne Orgison + Sons

IMPROVEMENT PERMIT by: [signature] Date: 09/09/14 OPERATION PERMIT by: [signature] Date: 04/25/15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 09/11/14 Existing System Inspected by: Date:

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