IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 DSE Mooresville Office (704) 660-3625 PERMIT # 209925

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

PIN # 4731-49-3963

APPLICANT: William A. Galloway APPLICANT ADDRESS: 176 East Monbo Rd Statesville NC

SITE ADDRESS: 166 E. Monbo Rd PHONE: 704-528-4467 ALT. PHONE:

SITE DIRECTIONS: Hwy 115 S, TR on Old Mountain, TL on E. Monbo Rd, Lot on R in curve

SUBDIVISION: SECTION: LOT # LOT AREA: 1.15 ac DESIGN FLOW: 360 L.T.A.R.: EXISTING

Septic Tank EXISTING (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EX. # Lines EXISTING Linear Ft:
Trench Width 9.5' Max. Trench Bottom Depth EXISTING Gravel Depth EXISTING

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 9.5'x75' and 9.5'x37' Gravel Bed
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

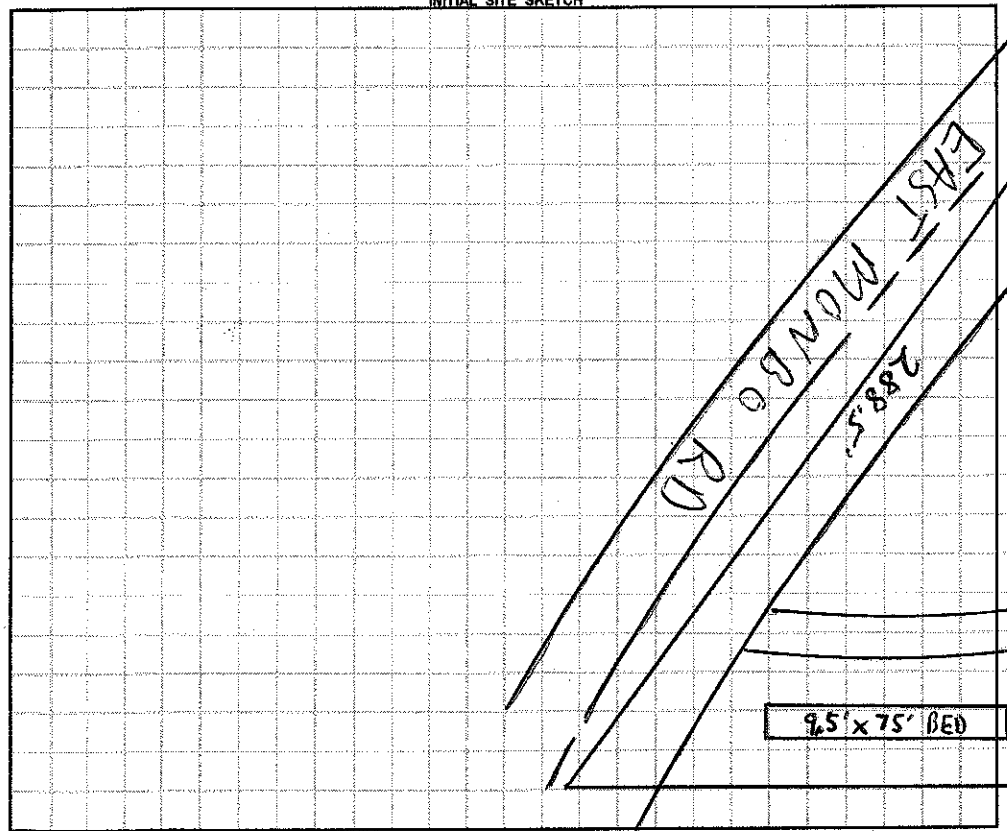
☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☑ Private EXISTING
☑ Public
☐ Community

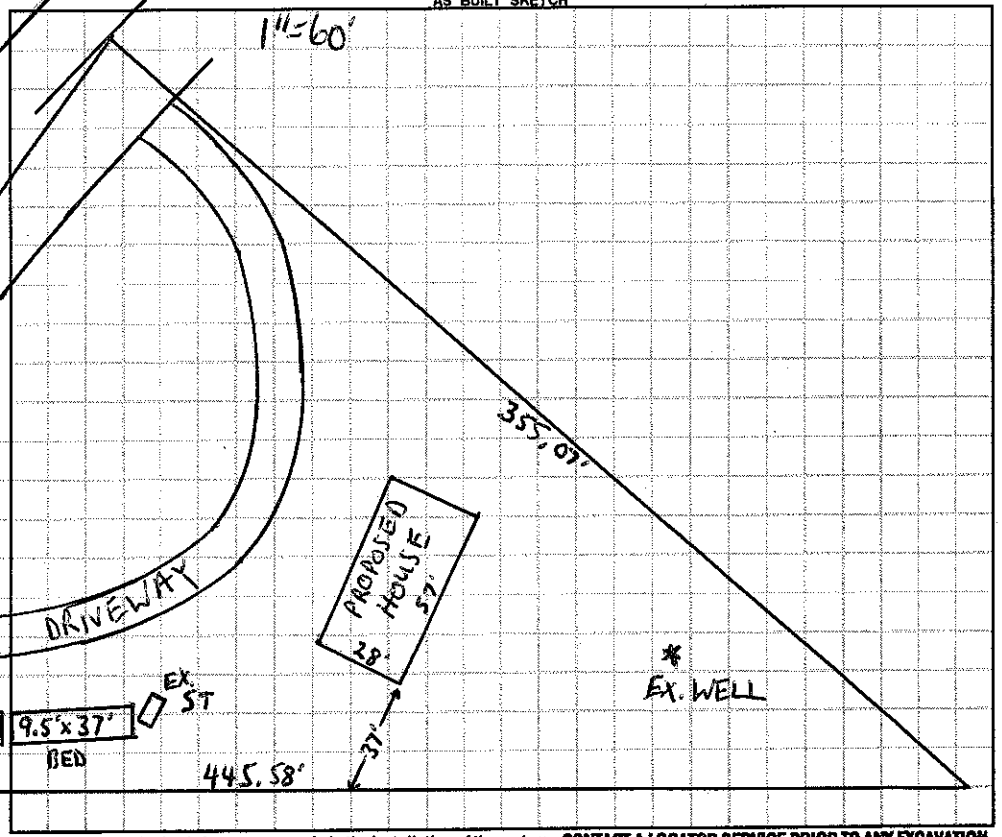
Comments / Conditions:

*EXISTING BED APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION
NO HOMES CONNECTED TO SYSTEM AT INSPECTION,
*EXISTING WELL TO BE USED OR CONNECTED TO COUNTY WATER
*IF WELL IS ABANDONED IT WILL NEED TO BE ABANDONED PROPERLY.

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: William A Galloway Date: 29 May 2015 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 5-28-15

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