IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204195

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

PIN # 4736414109

APPLICANT: Michael S. Marlow APPLICANT ADDRESS: 2195 S. Chipley Ford Rd Statesville NC 28625

SITE ADDRESS: 2195 S. Chipley Ford Rd Statesville NC 28625 PHONE: 704-902-5968 ALT. PHONE: N/A

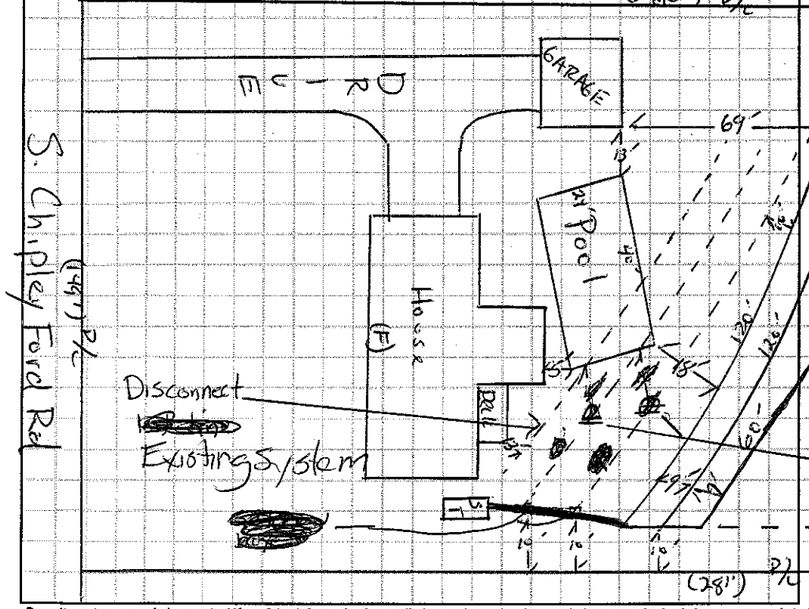
SITE DIRECTIONS: 115 N T/C Chipley Ford Rd Lot on left

SUBDIVISION: Meadow Oaks SECTION: N/A LOT # 58 LOT AREA: 0.96 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

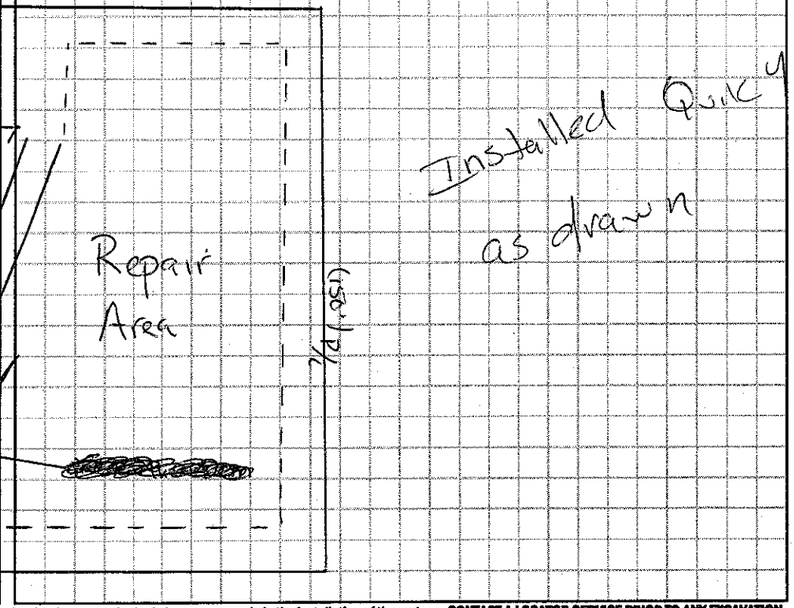
Septic Tank: Existing (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 3	Water Supply: ☐ Private
Pump Tank (gal)	PT	Date	System Description: 25% Reduction		☐ Business	No. Persons: 6	☒ Public
Pump Make	Model	Serial #	Repair System Description: 50% Reduction		☐ Other	No. Employees:	☐ Community
# Nitrification Fields: 1	# Lines: 2	Linear Ft: 280	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width: 36"	Max. Trench Bottom Depth: 28"	Gravel Depth: N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% Reduction on contour with Serial distribution. Dam 40' lines 16' away from proposed pool. Maintain minimum of 15' away from proposed pool with new tail lines.

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: Michael Marlow Date: 7-21-14 Installed by: Young Septic

IMPROVEMENT PERMIT by: [signature] Date: 07/21/14 OPERATION PERMIT by: [signature] Date: 08/26/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 07/21/14 Existing System Inspected by: _____ Date: _____

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