IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208941

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

PIN # 4738668508

APPLICANT: Robert Moss APPLICANT ADDRESS: 154 River Run Rd

SITE ADDRESS: 131 River Run Rd. PHONE: 704-297-9298 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TR Snow Creek Rd TR S Chapley Ford Rd TR River Run Rd. Property on Left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 5.31 acres DESIGN FLOW: 480gpd L.T.A.R.: 0.025

Septic Tank 1000 (gal) STB 825-1000 Date 2-12-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 480
Trench Width 36" Max. Trench Bottom Depth 32" Gravel Depth N/A

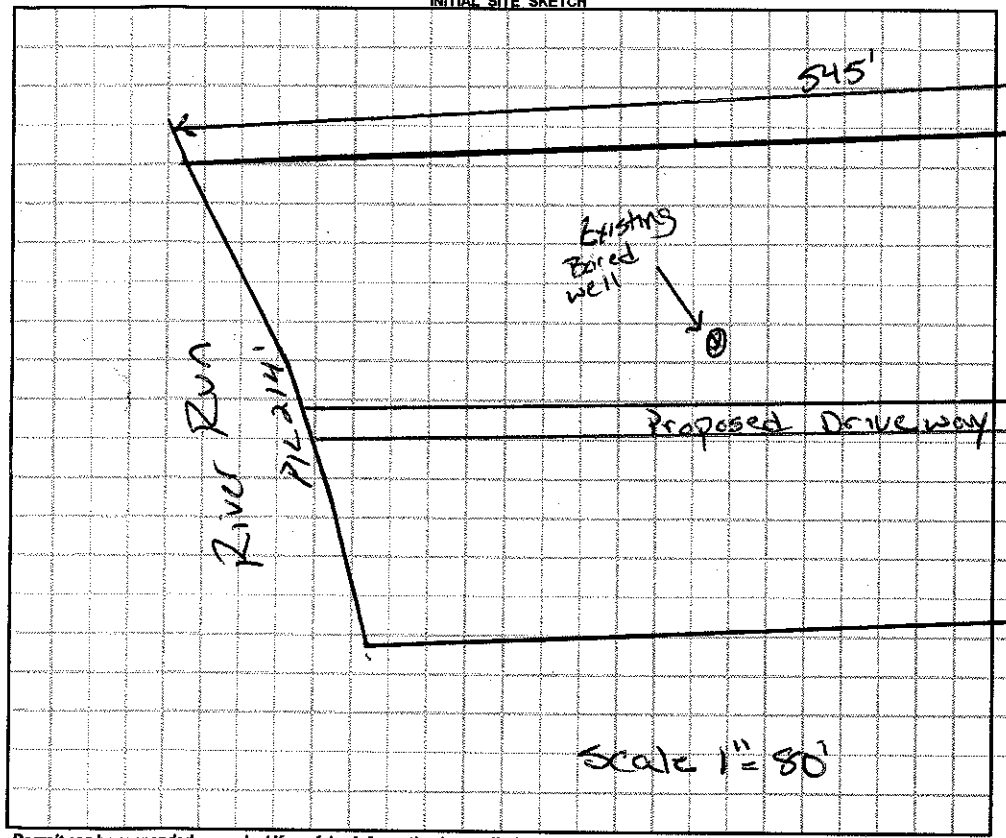
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☑ Basement w/o plumbing

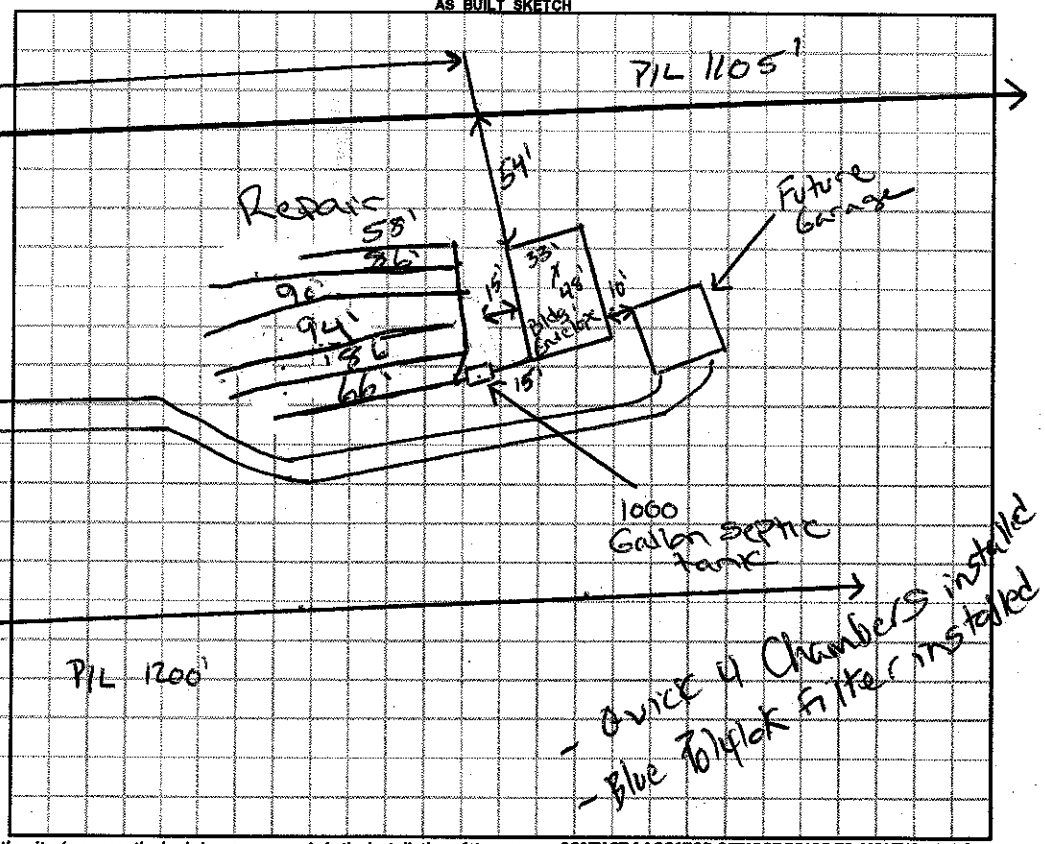
Water Supply: ☑ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction System on contours 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.* ☑ **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: Date: 04.30.15 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-25-15 OPERATION PERMIT by: Justin Henderson Date: 5-31-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-30-15 Existing System Inspected by: Date:

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