IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208409

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

PIN # 4738676601

APPLICANT: Robert Woodlief APPLICANT ADDRESS: 116 River Run Rd.

SITE ADDRESS: 116 River Run Rd. PHONE: 704-880-7414 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TR Snow Creek TR S Chipley Ford TR River Run 1st Lot on Right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 7.698 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 6x # Lines 6x Linear Ft: 6x

Trench Width 6x Max. Trench Bottom Depth 6x Gravel Depth 6x

☐ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI

System Description: Conventional

Repair System Description: DRIP

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

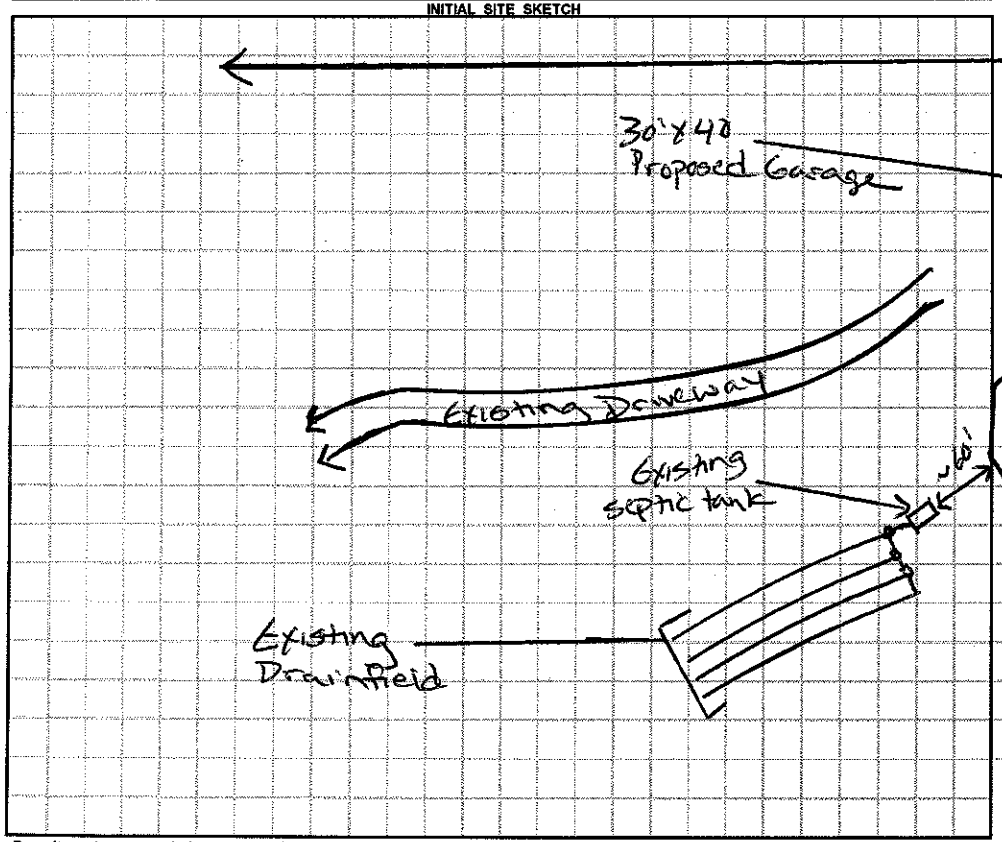
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

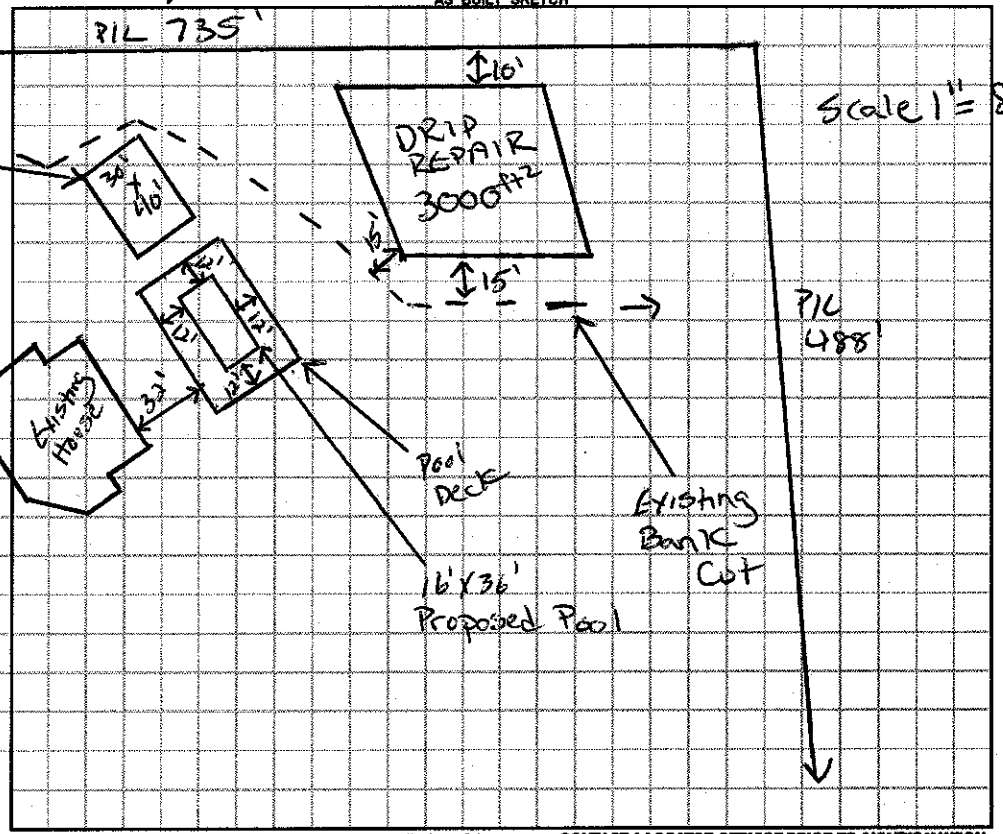
Comments / Conditions:

- The Purpose of this permit was to re-establish 100% repair area for existing Dwelling. The initial repair area was destroyed.

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: RBWoodlief Date: Installed by:

IMPROVEMENT PERMIT by: Justin Henderson Date: 3-11-15 OPERATION PERMIT by: Issued by Steve Hedrick Date: 8-1-06

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 3-11-15 Existing System Inspected by: Date:

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