IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 205859

APPLICANT: Derek Osborne Builders APPLICANT ADDRESS: PO Box 1783 Statesville

PIN # 4747423404

SITE ADDRESS: 149 Doe Run Ln. PHONE: 704-871-8787 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Shumaker TL Doe Run Ln.

SUBDIVISION: Graystone Meadows SECTION: 2 LOT # 6 LOT AREA: 1.224 DESIGN FLOW: 480gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	525-1600	Date	11-8-14
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	3	Linear Ft:	240
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A

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

System Description: 2590 Reduction

Repair System Description: Low Pressure PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

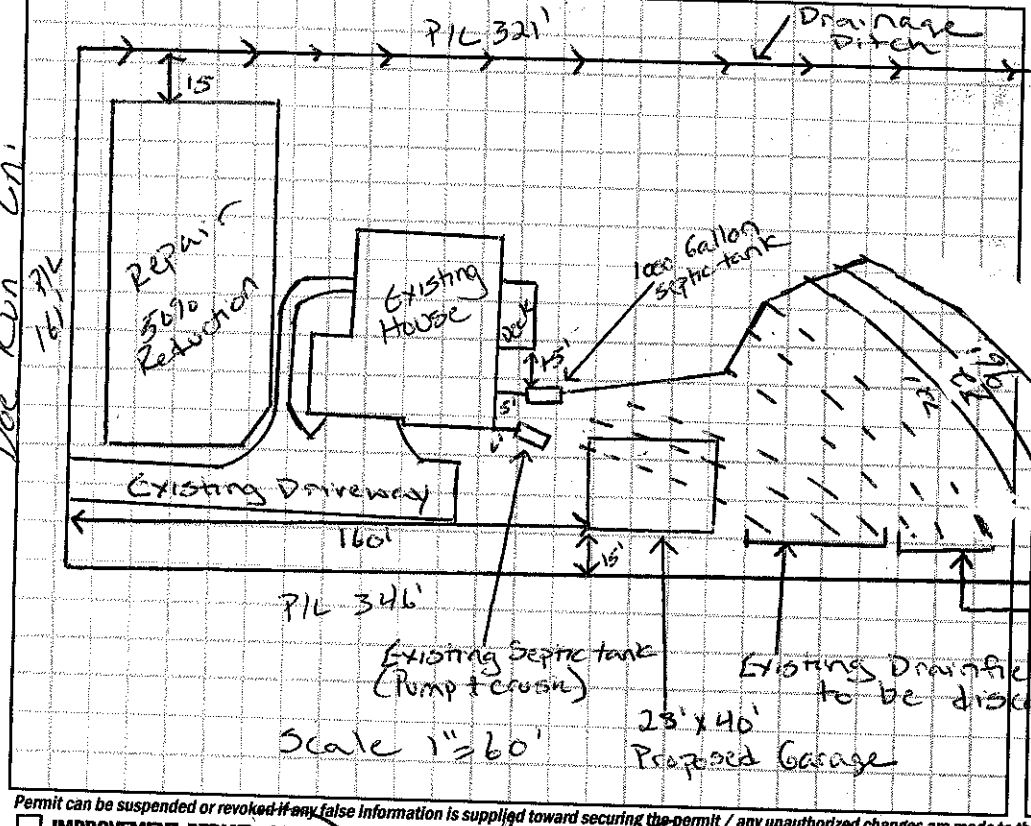
No. Bedrooms 4 No. Persons 8 No. Employees ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

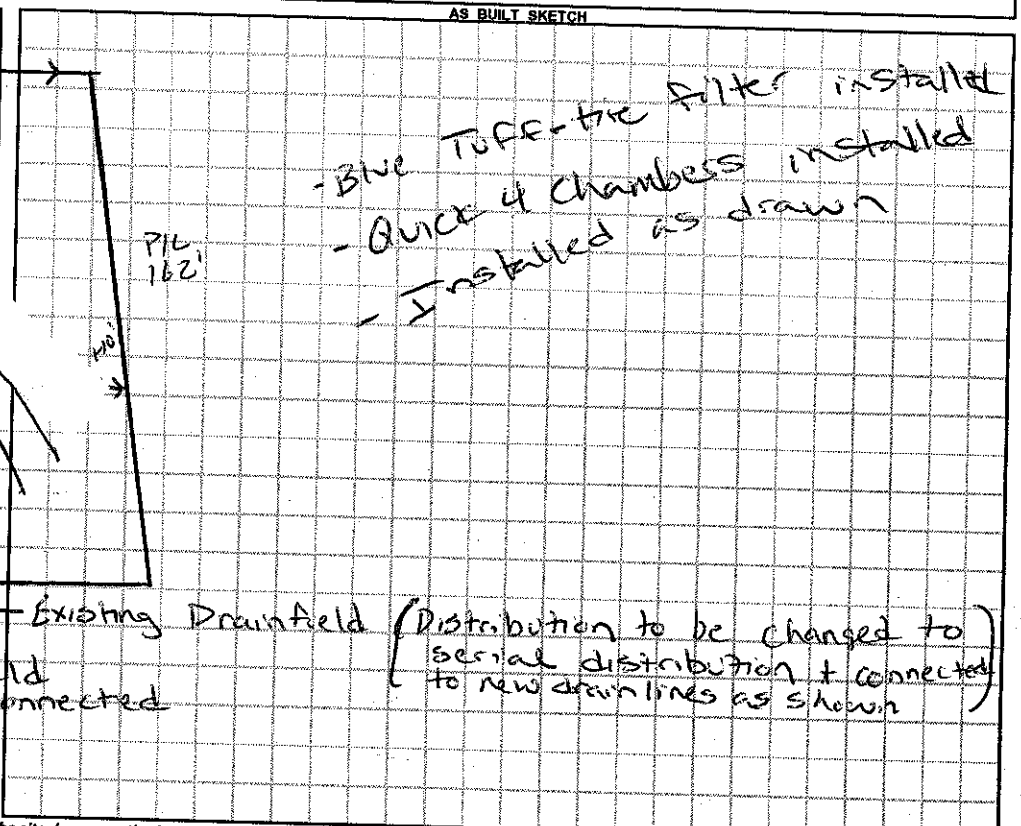
☐ Basement w/o plumbing

Comments / Conditions: Install a 2590 Reduction system on contour with serial distribution. Pump & crush existing septic tank. Disconnect 3 upper drainlides as shown below. Connect 3 lower existing drainlines w/ new drainlines as shown below & feed entire drainfield via 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: [signature] Date: 10-2-14 Installed by: Kelly Welborn

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-2-14 OPERATION PERMIT by: Justin Henderson Date: 1-2015

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 10-2-14 Existing System Inspected by: Date:

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