IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215053

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

PIN # 4747445902

APPLICANT: Harold Speaks APPLICANT ADDRESS: 174 Wintergreen Cir

SITE ADDRESS: 759 Whites Farm Rd. PHONE: 704-929-0280 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Jennings Rd. TL Whites Farm Rd. Property on Right

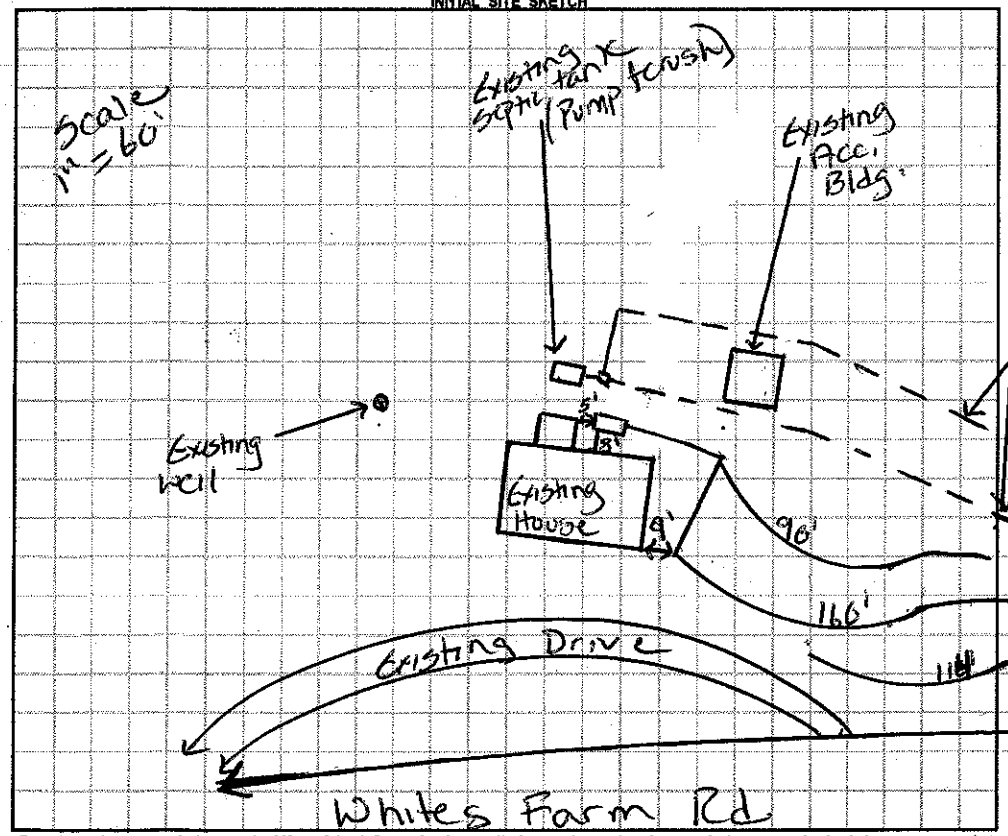
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 9.93 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1600 (gal)	STB	308-1608	Date	2-5	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

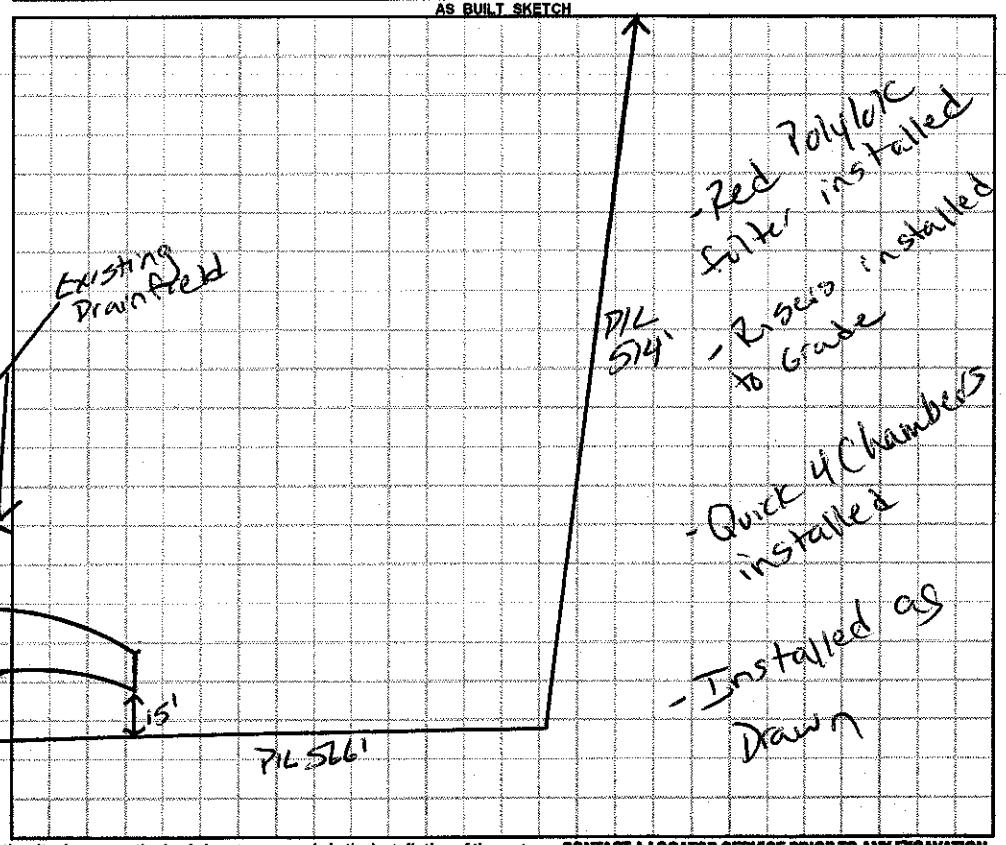
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Pump & crush existing septic tank. Set new septic tank @ location shown below. 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: [signature] Date: 12-8-15 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 12-8-15 OPERATION PERMIT by: [signature] Date: 1-7-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-8-15 Existing System Inspected by: Date:

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