IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 201809

PIN # 4755848615

APPLICANT: Lori Gandy APPLICANT ADDRESS: 350 Mocksville Hwy Statesville NC 28625

SITE ADDRESS: 350 Mocksville Hwy Statesville NC 28625 PHONE: (980) 223-8280 ALT. PHONE: N/A

SITE DIRECTIONS: 40E to Davis Hospital Exit T/R to light T/L on 64 E House 4th on Right

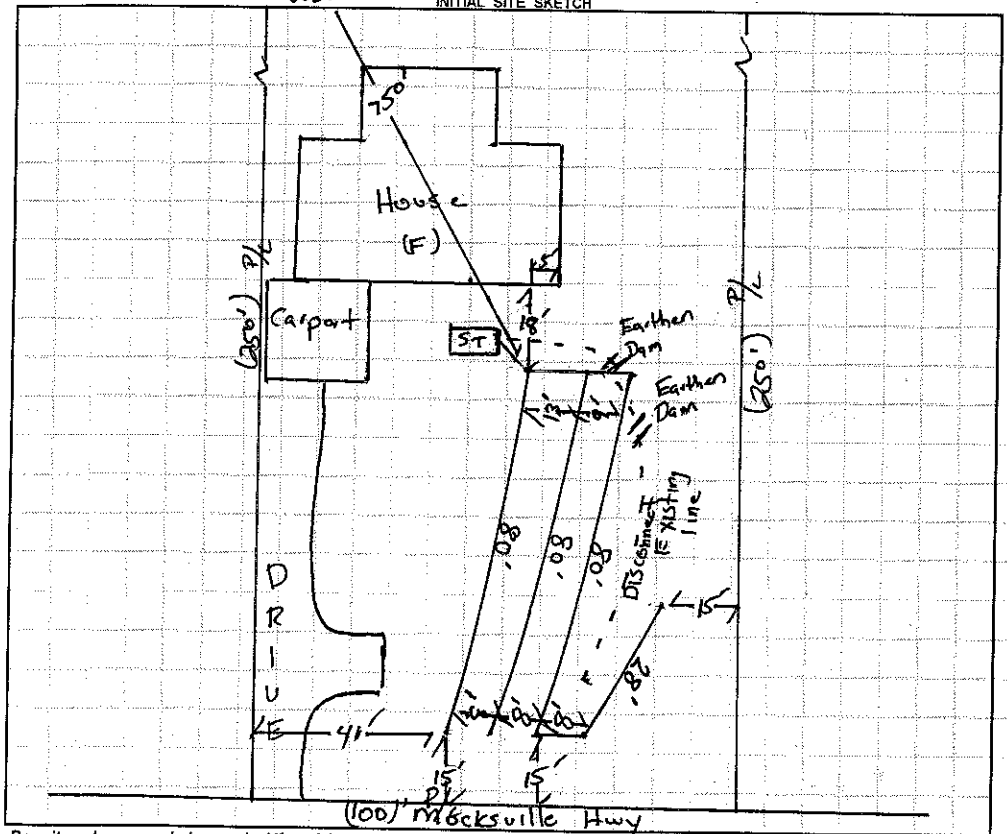
SUBDIVISION: DM Parlier SECTION: BLKA LOT # 26 LOT AREA: 0.59 DESIGN FLOW: 360 L.T.A.R.: 13

Septic Tank	Existing	(gal)	STB	EX	Date	EX	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			
Pump Make	N/A	Model	N/A		Serial #	N/A	Repair System Description:	N/A			
# Nitrification Fields	1	# Lines	4		Linear Ft:	270	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	48"		Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☒ Basement w/o plumbing

Comments / Conditions: Check tank, check tee replace if necessary. Call morning of installation to look at pits to determine final trench depth.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick 4 as drawn

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: Lori Gandy Date: 3/10/14

IMPROVEMENT PERMIT by: [signature] Date: 02/28/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 04/04/14

Installed by: Yountz Grading

OPERATION PERMIT by: [signature] Date: 04/04/14

Existing System Inspected by: Date:

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