IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212418

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

PIN # 4758 288288

APPLICANT: Eric Ward APPLICANT ADDRESS: 146 Lundy Rd Statesville NC

SITE ADDRESS: 150 Smith Farm Rd Statesville NC PHONE: 704-883-6148 ALT. PHONE: N/A

SITE DIRECTIONS: 77N T/R Tomlin Mill Rd T/R Fairmont T/R Lundy T/R Smith Farm Lot at end

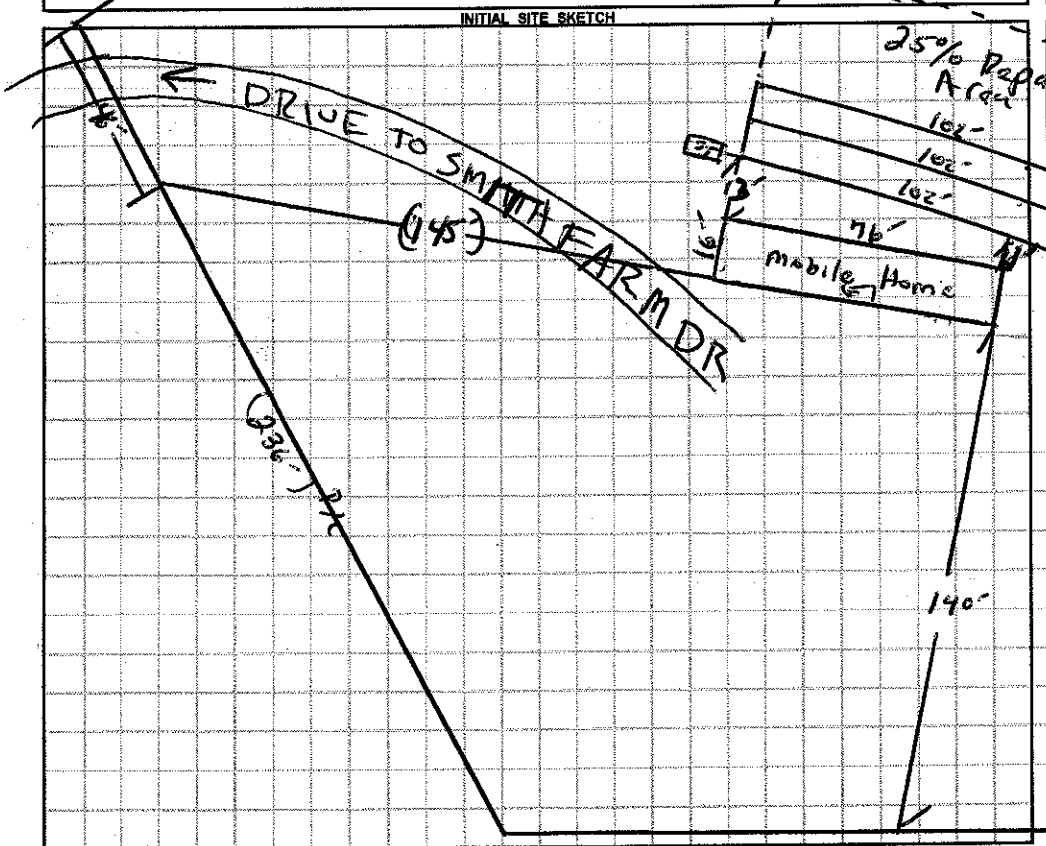
SUBDIVISION: Wanda Ruth Johnson SECTION: N/A LOT # 1 LOT AREA: 3 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	3-24-15	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			[ ] Business	No. Persons 6
Pump Make	N/A	Model	Infiltrator	Serial #	EFY	Repair System Description:	25% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft:	300	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'

Installed Dune 4 as drawn

(479') DR

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 9/9/15 Installed by: Tommy Bryan

IMPROVEMENT PERMIT by: Date: 09/09/15 OPERATION PERMIT by: Date: 09/24/15

AUTHORIZATION TO CONSTRUCT by: Date: 09/09/15 Existing System Inspected by: Date:

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