IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180841

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

PIN # 4765-416-238

APPLICANT: BOB + DORIS HALLET APPLICANT ADDRESS: RT 3 BOX 3103 STROUDSBURG, PA

SITE ADDRESS: WILDFLOWER LANE, STATESVILLE, NC PHONE: ALT. PHONE: (704) 239-3693

SITE DIRECTIONS: 64 E (R) ONTO BELL FARM RD (R) WILDFLOWER LANE, 1ST LOT ON (L)

SUBDIVISION: SECTION: LOT # LOT AREA: 0.67 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.25 GPD/FT²

Septic Tank 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 360
Trench Width 36" Max. Trench Bottom Depth 20" Gravel Depth N/A

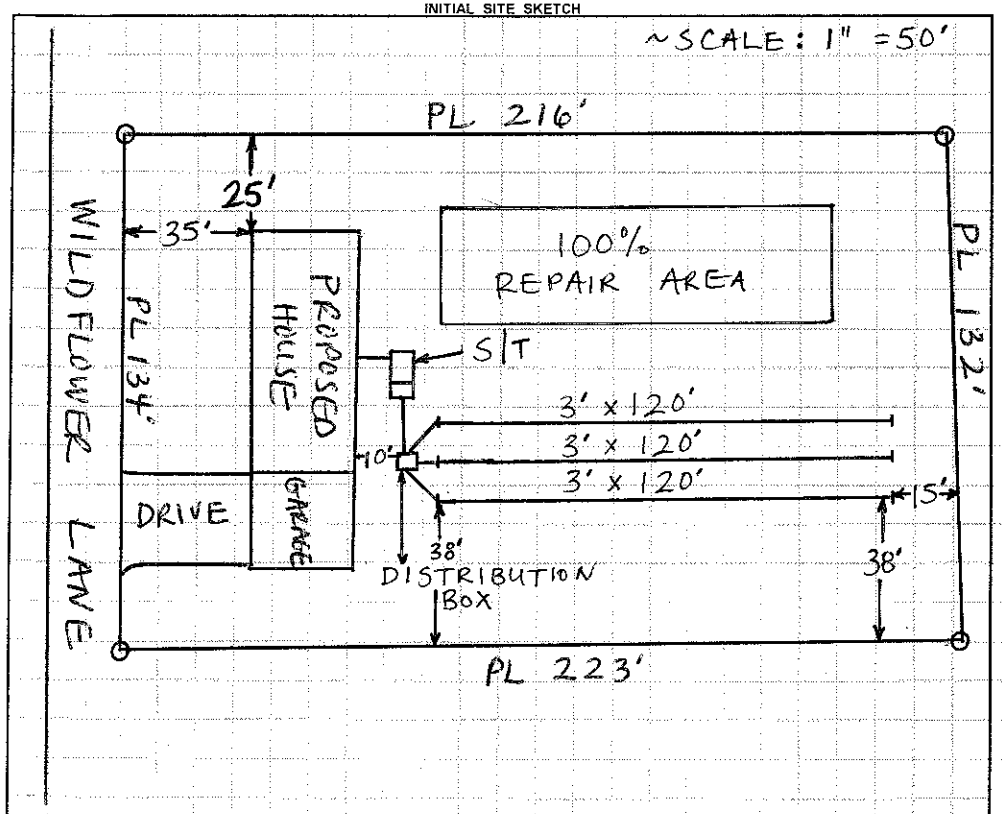
☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% REDUCTION GRAVITY
Repair System Description: 25% REDUCTION GRAVITY
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

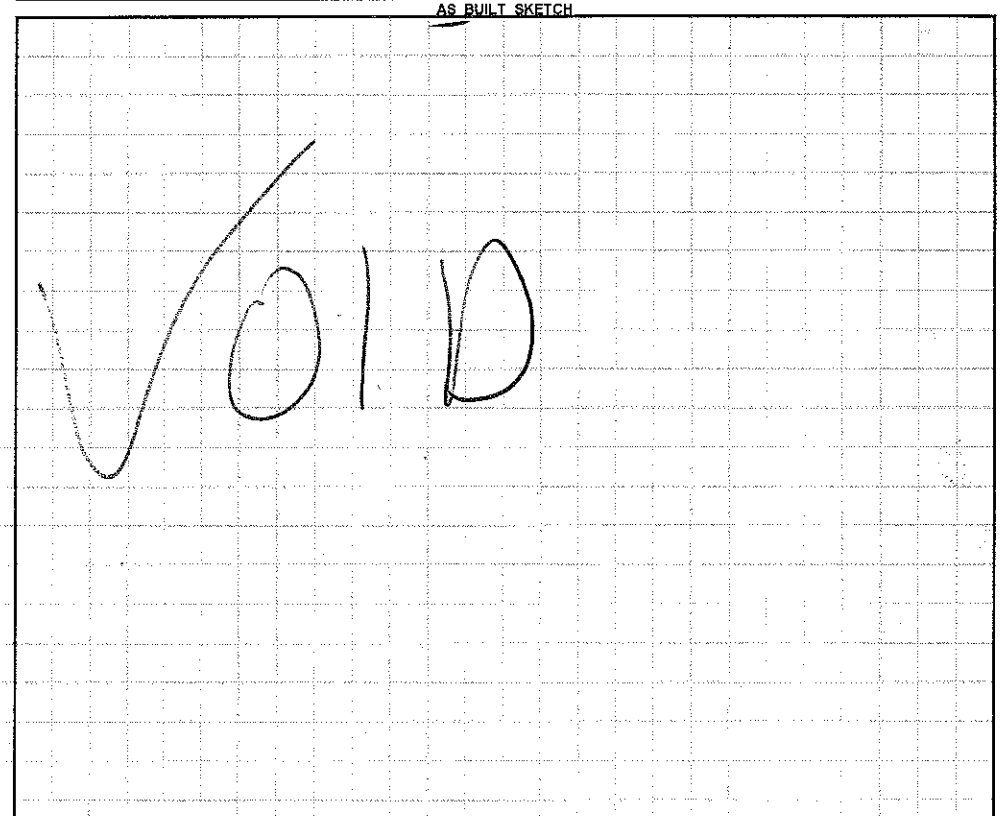
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: INSTALL 25% REDUCTION SYSTEM AS SHOWN USING DISTRIBUTION BOX IN ORDER TO ACHIEVE PARALLEL DISTRIBUTION. NOTE TRENCH BOTTOM DEPTH IS 20" MAXIMUM.

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: Doris Hallet Date: 9/30/13 Installed by:

IMPROVEMENT PERMIT by: Kimberley Mecimore, REHS Date: 9/27/13 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Kimberley Mecimore, REHS Date: 9/27/13 Existing System Inspected by: Date:

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