IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201993

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

PIN # 4765805367

APPLICANT: Steve Hart APPLICANT ADDRESS: P.O. Box 64 Steinhatchee FL 32359

SITE ADDRESS: 260 Lone Pine Rd Statesville NC 28625 PHONE: 704-902-3124 ALT. PHONE: 352-672-3132

SITE DIRECTIONS: 64/E T/R on Lone Pine Rd 8th Lot on Right

SUBDIVISION: Lone Pine Meadows SECTION: P2 LOT # 8 LOT AREA: 0.49ac DESIGN FLOW: 360 L.T.A.R.: .13

Septic Tank	1000	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	6	Linear Ft:	322					
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: 25% Reduction

Repair System Description: 50% Reduction Pump

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

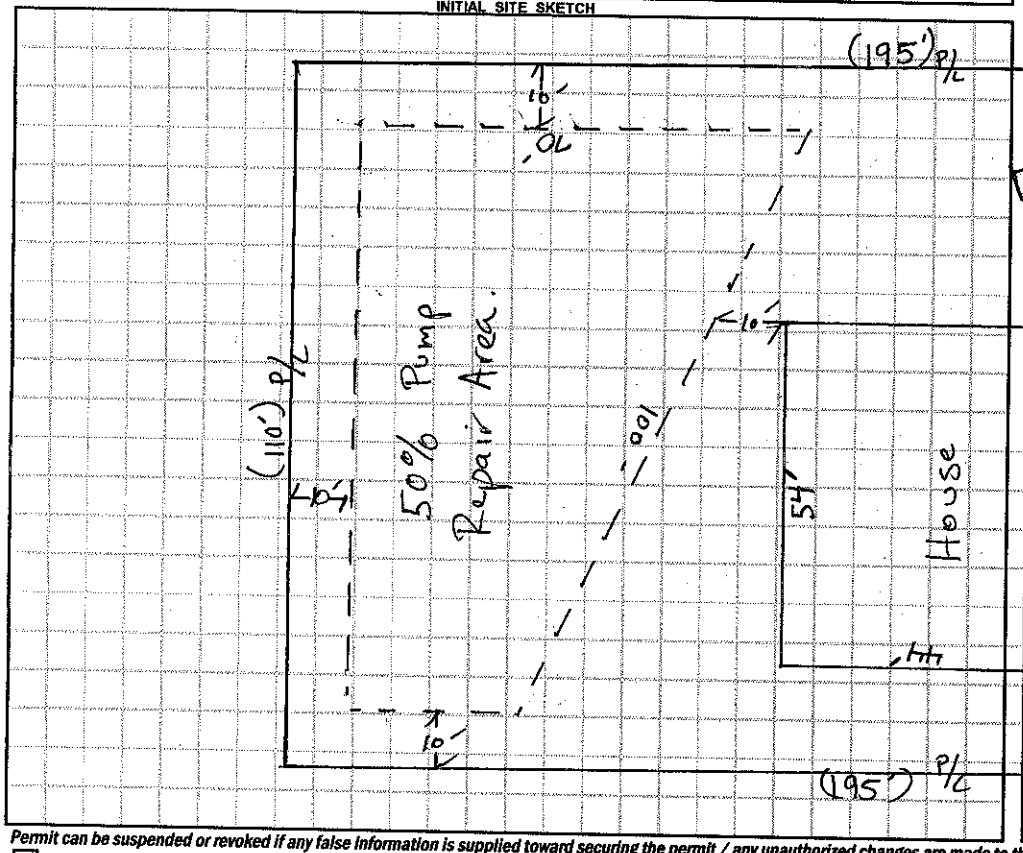
☐ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

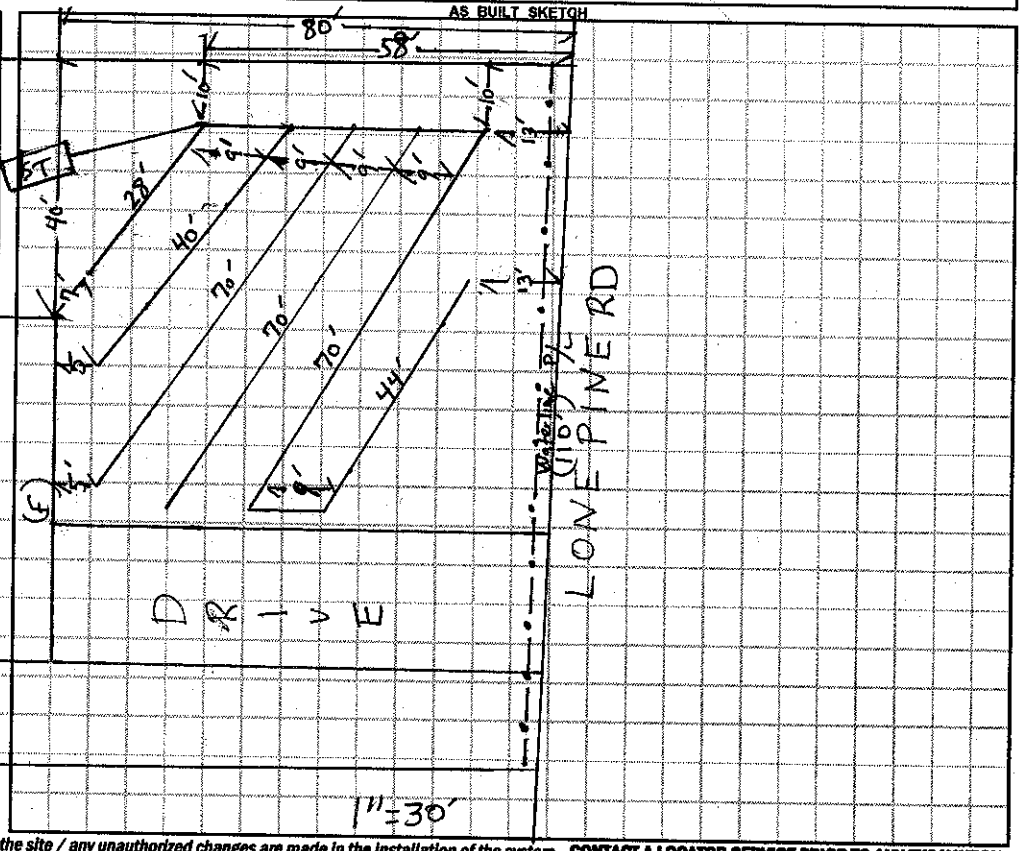
Water Supply: ☐ Private ☐ Public ☒ Community ☐ Basement w/o plumbing

Comments / Conditions: Install 25% on Contour with Serial distribution. maintain 10' off water line.

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: Steve A Hart Date: 3-24-14 Installed by:

IMPROVEMENT PERMIT by: Date: 03/20/14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 03/20/14 Existing System Inspected by: Date:

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