IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206421

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

PIN # 4765805543

APPLICANT: Bruce Porter APPLICANT ADDRESS: 2143 Mocksville Hwy Statesville NC 28625

SITE ADDRESS: 266 Lone Pine Rd Statesville NC PHONE: 704-902-3124 ALT. PHONE: N/A

SITE DIRECTIONS: 64 east T/R on Lone Pine Rd go 1/2 mile lot on right

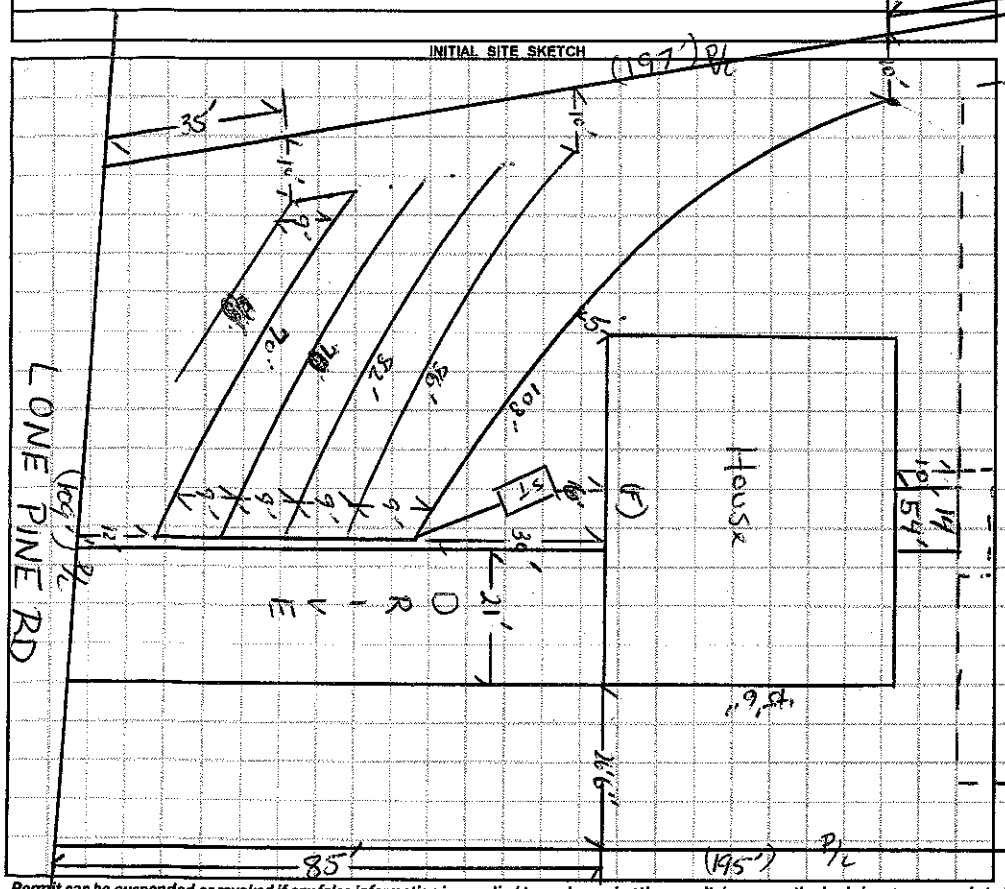
SUBDIVISION: LONE PINE MEADOW SECTION: P2 LOT # 9 LOT AREA: 0.596 DESIGN FLOW: 360 L.T.A.R.: 0.2

Septic Tank	1000 (gal)	STB	66	Date	10-31-14	[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	Poly/Oil	Serial #	DL-65	Repair System Description:	Drip			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	462	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

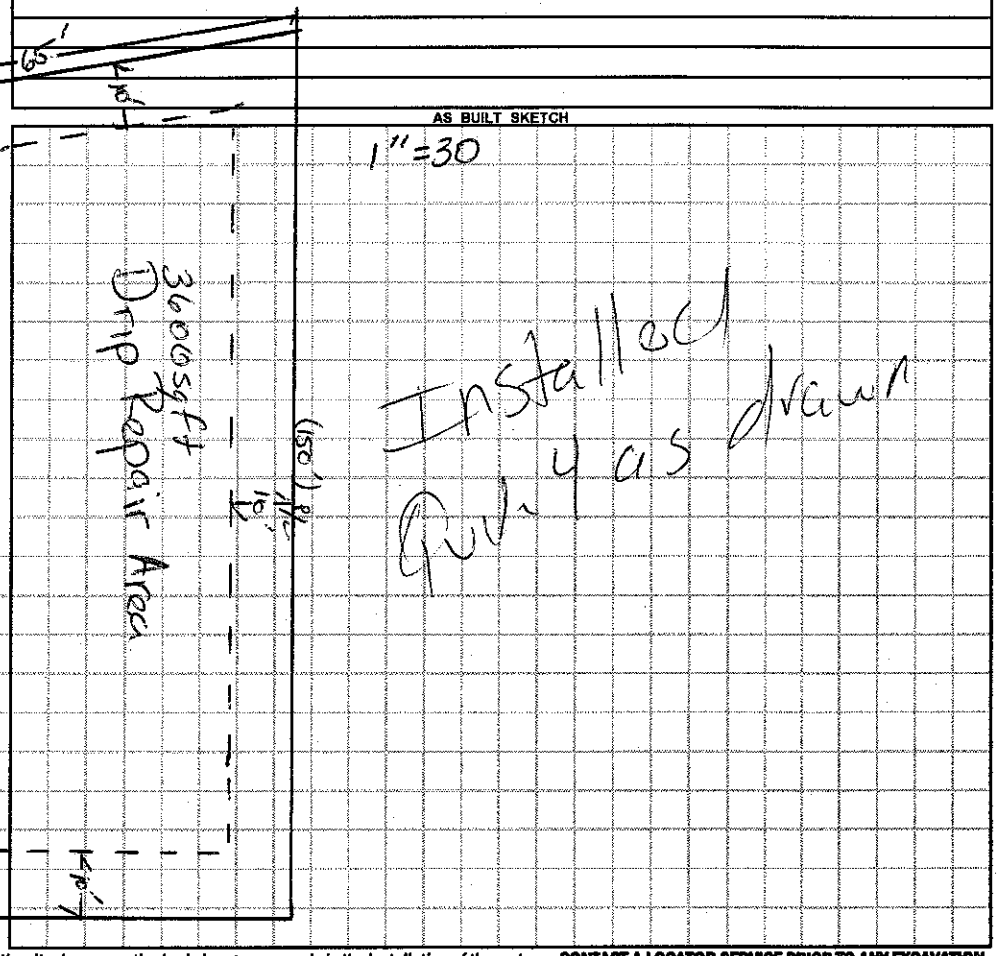
Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 25% reduction on contour 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.* [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: Bruce Porter Date: 11-21-14 Installed by: Catheron & Son

IMPROVEMENT PERMIT by: Date: 11/20/14 OPERATION PERMIT by: Date: 02/06/15

AUTHORIZATION TO CONSTRUCT by: Date: 11/20/14 Existing System Inspected by: Date:

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