IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20771 9 BF

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

PIN # 4765806827

APPLICANT: WCU Inc APPLICANT ADDRESS: P.O. Box 64 Stonhatchee FL 32359

SITE ADDRESS: 248 Lone Pine Rd Statesville NC 28625 PHONE: 352-672-3132 ALT. PHONE: 704-902-3124

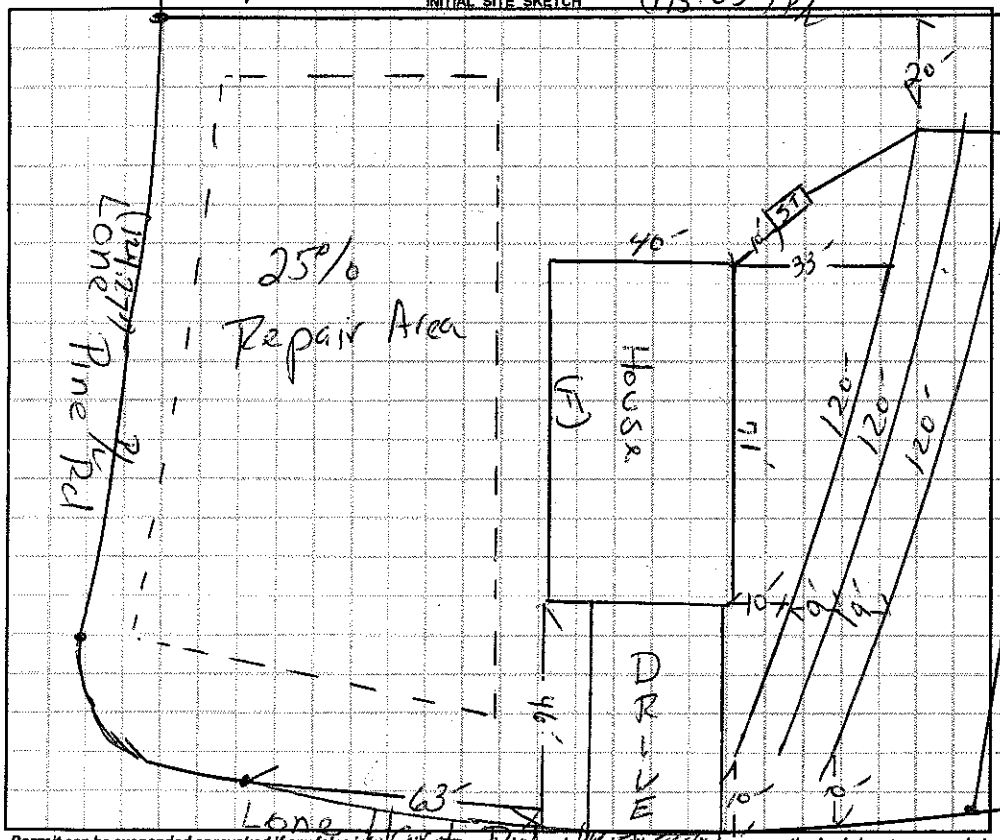
SITE DIRECTIONS: Hwy 64 E T/R on Lone Pine Rd go 1/2 mile lot on right

SUBDIVISION: Lone Pine Meadow SECTION: P2 LOT# 6 LOT AREA: .7354c DESIGN FLOW: 360 L.T.A.R.: 0.25

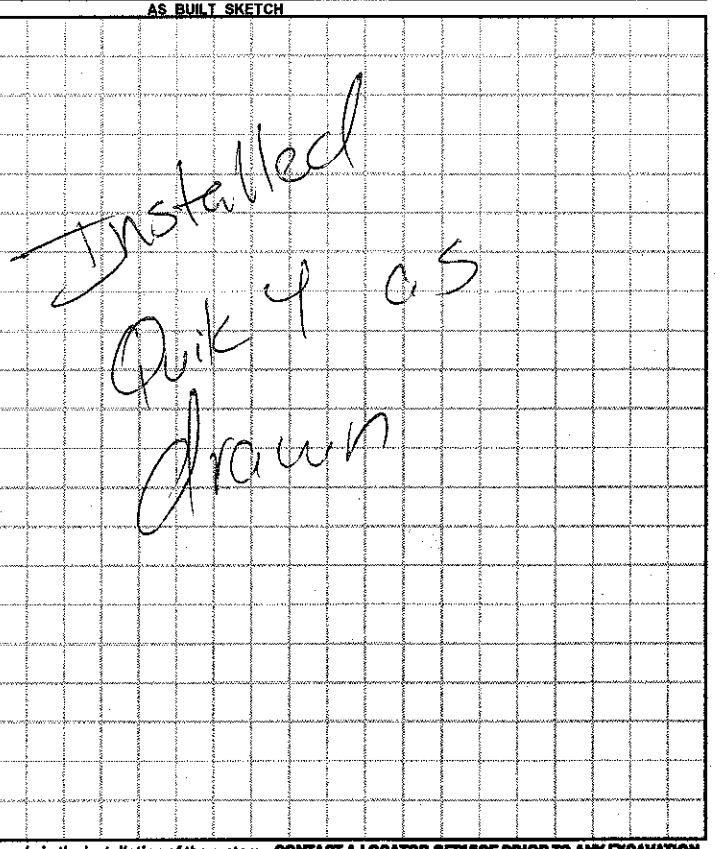
Septic Tank	1000	(gal)	STB	160	Date	3-5-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons	6	☐ Private	
Pump Make	N/A		Model	3016/04	Serial #	PL-68	Repair System Description:	25% Reduction			☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1		# Lines	3	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install 25% Reduction on contour with Serial distribution. Minimum trench depth is 36". Maintain 36" trench depth.

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: Date: Installed by: Cothron & Sons

IMPROVEMENT PERMIT by: Date: 01/30/15 OPERATION PERMIT by: Date: 05/28/15

AUTHORIZATION TO CONSTRUCT by: Date: 01/30/15 Existing System Inspected by: Date:

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