IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216718

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

PIN # 4765817553

APPLICANT: WCW INC APPLICANT ADDRESS: Po Box 64 Steinhatchee Fl.

SITE ADDRESS: 114 Portman Ln. PHONE: 352-672-3132 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64 E Tr Lone Pine Rd TR Portman Ln.

SUBDIVISION: Lone Pines Meadow SECTION: 3 LOT # 22 LOT AREA: 0.607 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

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 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

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

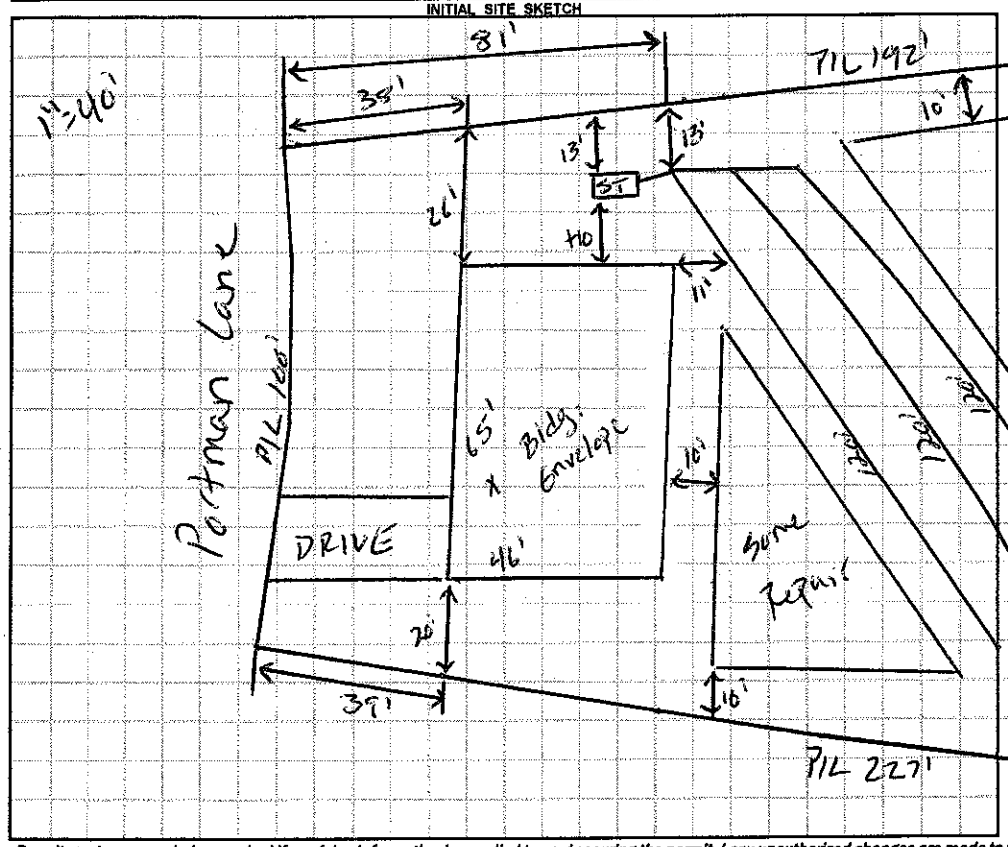
☐ Private

☑ Public

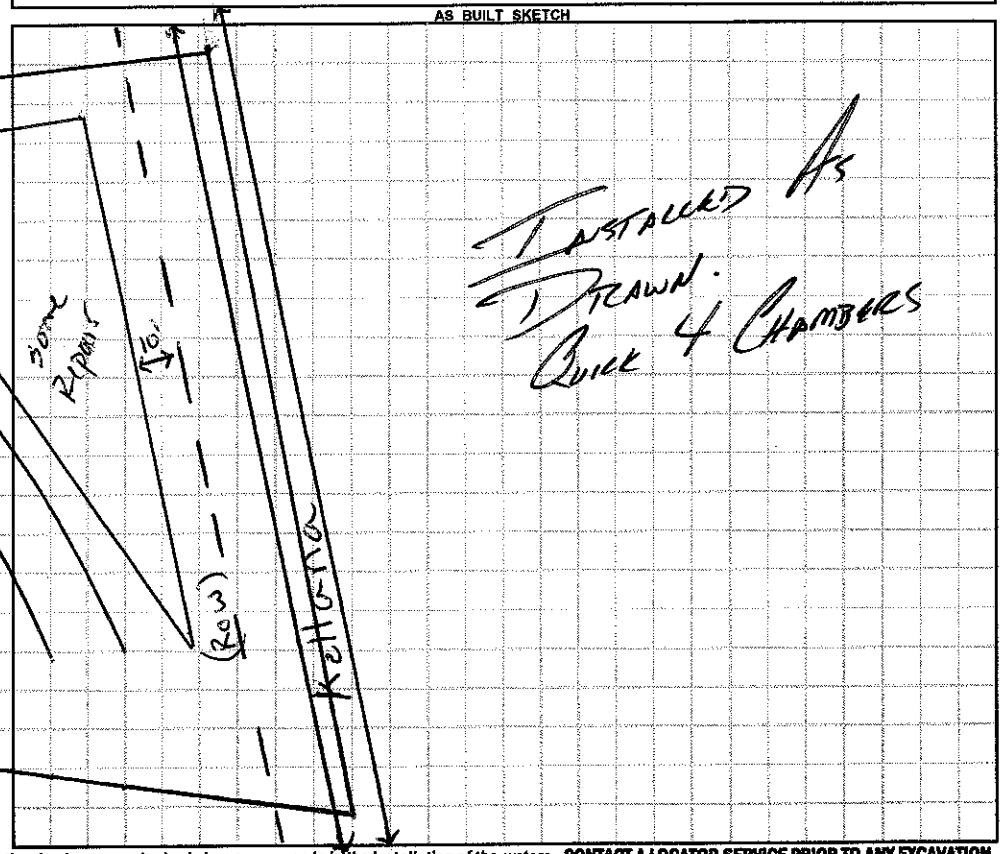
☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Install trench bottoms @ 36" on high side A&A

INITIAL SITE SKETCH



AS BUILT SKETCH



INSTALLED AS DRAWN. QUICK 4 CHAMBERS

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: Bruce Post Date: 3-9-16 Installed by: Joey Cothren

IMPROVEMENT PERMIT by: Justin Henderson Date: 3-9-16 OPERATION PERMIT by: Date: 7/13/16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 3-9-16 Existing System Inspected by: Date:

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