IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 1814/25 BF

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

PIN # 4768183392

APPLICANT: Brian Newman APPLICANT ADDRESS: Po Box 3006 Mooresville

SITE ADDRESS: 122 Church Lake Rd. PHONE: 704-451-8428 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21N TR Church Lake Rd. 1st House on Right

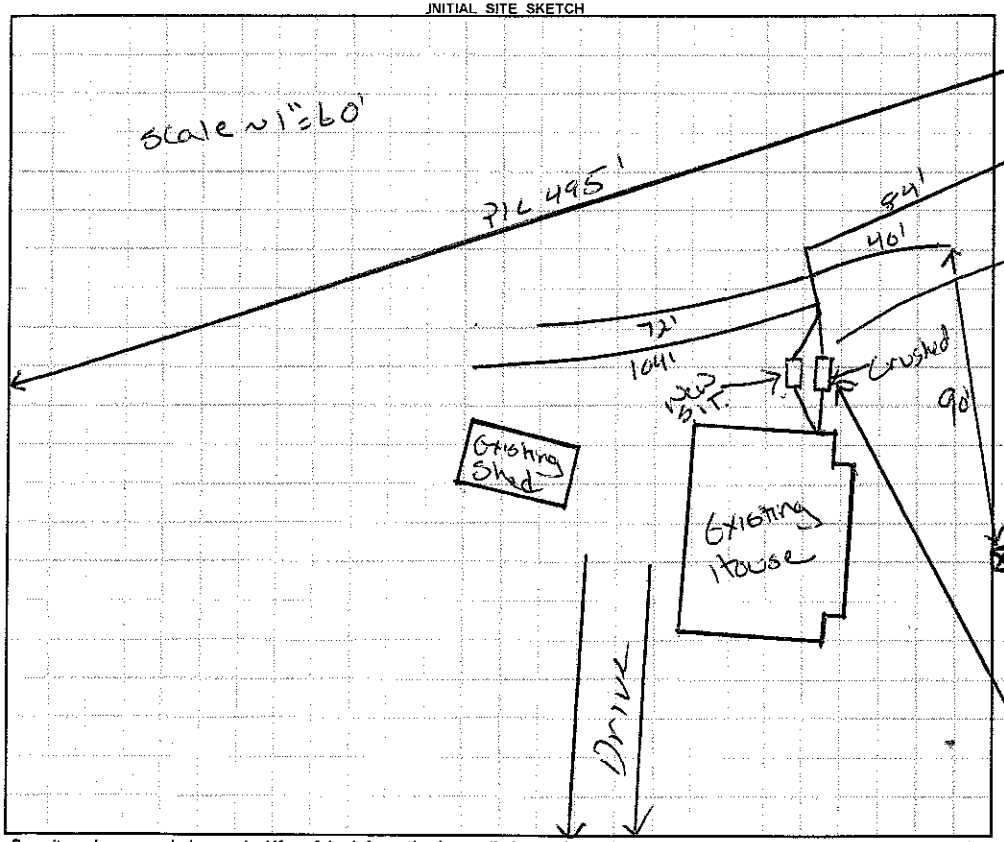
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.8 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank	Existing (gal)	STB	1000-1012	Date	7-2-13	☐ New System ☑ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:		☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description: 25% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

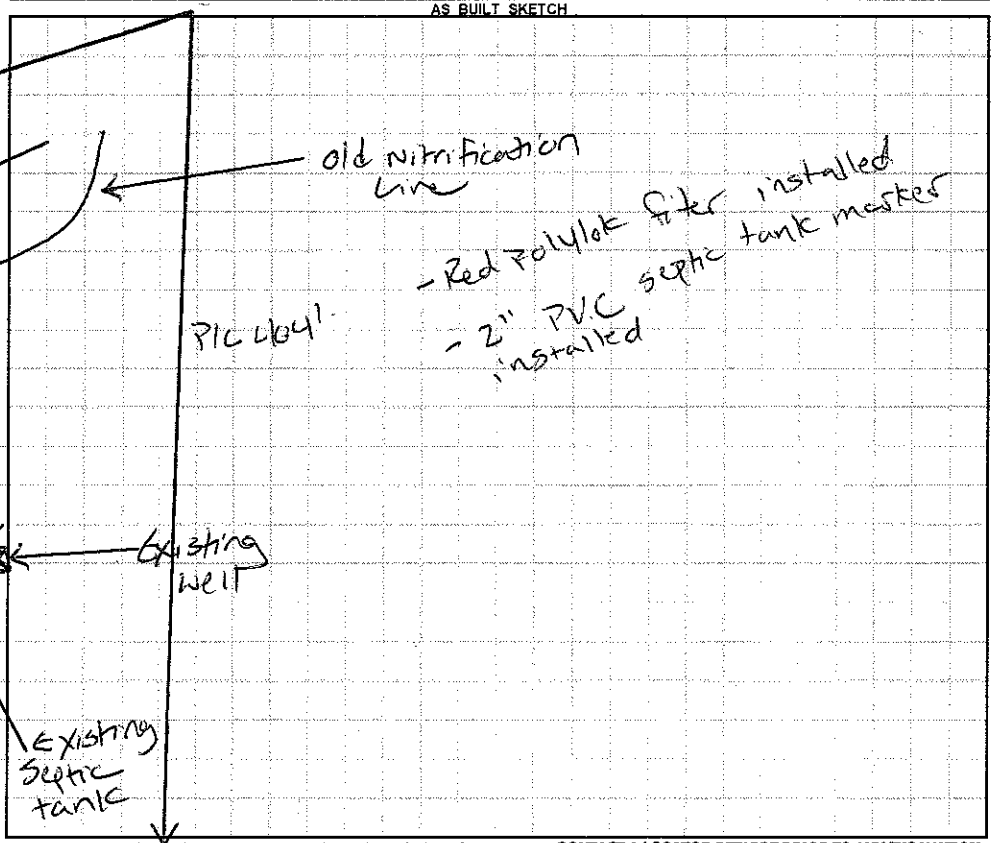
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a 25% Reduction System on contour with serial distribution. Replace septic tank if needed.

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: [signature] Date: 10-23-13 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Justin Henderson Date: 10-22-13 OPERATION PERMIT by: Justin Henderson Date: 10-23-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 10-22-13 Existing System Inspected by: Date:

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