IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208816

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

PIN # 4772313298

APPLICANT: Robert Stiltner APPLICANT ADDRESS: Po Box 384 Mt. Mourne

SITE ADDRESS: 750 Triplett Rd. PHONE: 704-902-6946 ALT. PHONE: N/A

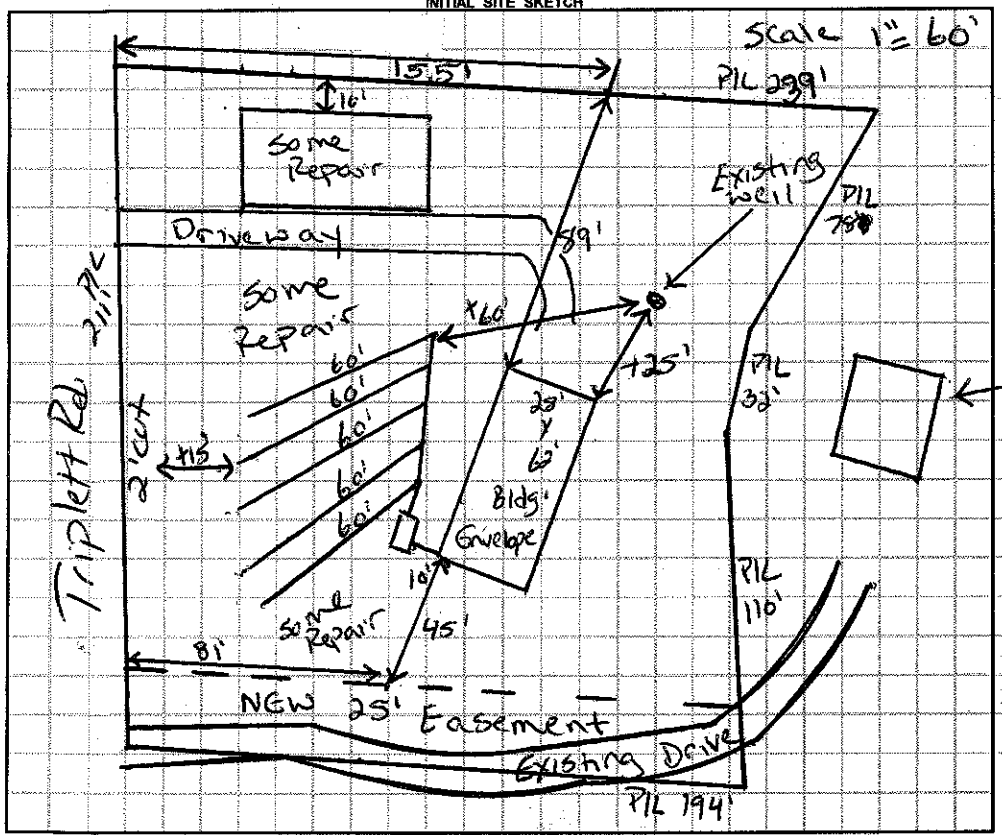
SITE DIRECTIONS: Hwy 70 E TR Triplett Rd. Property on Right ~ 3 miles.

SUBDIVISION: Robert Stiltner & Tina Stretner SECTION: N/A LOT # 1 LOT AREA: 0.88 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

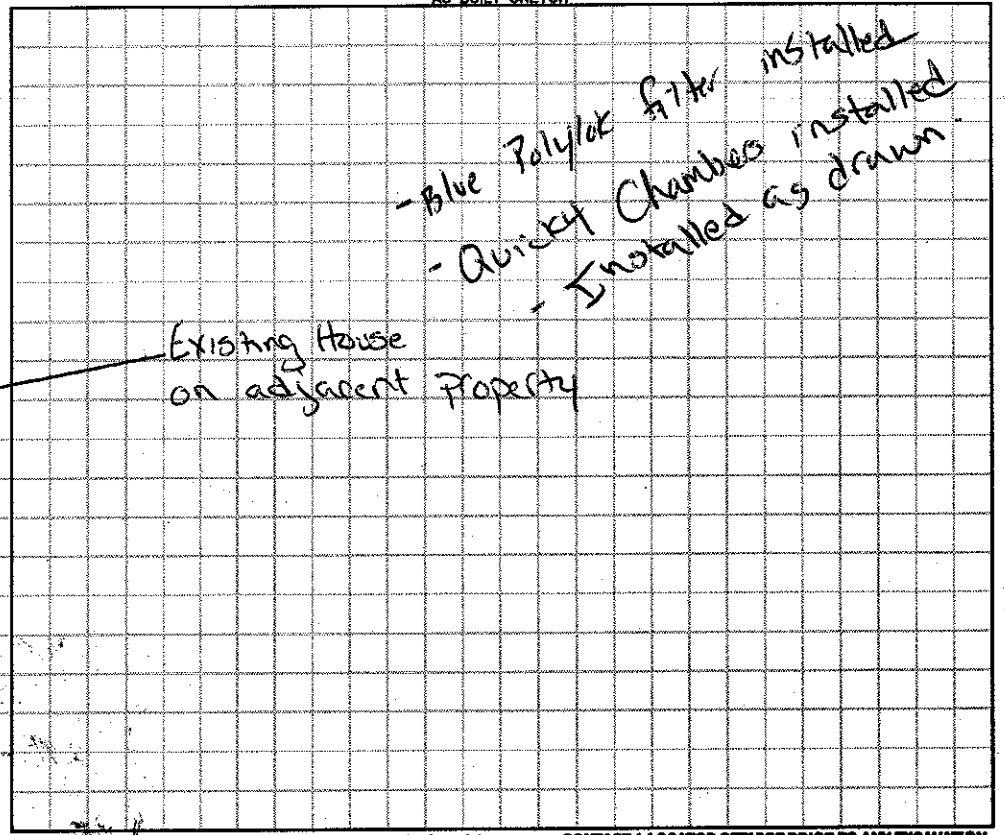
Septic Tank	1000 (gal)	STB	794-1000	Date	4-28-15	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	6	☑ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	300	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 a 25% Reduction system 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.* ☑ **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: 4-6-15 Installed by: F.J. Gwin

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-6-15 OPERATION PERMIT by: Justin Henderson Date: 6-3-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-6-15 Existing System Inspected by: Date:

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