IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 18023

APPLICANT: William Anderson

PIN # 4775022344

SITE ADDRESS: 153 Lone Pine Rd.

APPLICANT ADDRESS: 153 Lone Pine Rd.

SITE DIRECTIONS: Hwy 64E TR Lone Pine Rd. Property on Left

PHONE: 704-873-0955 ALT. PHONE: N/A

SUBDIVISION: N/A

SECTION: N/A LOT # N/A LOT AREA: 2.0 acres DESIGN FLOW: 240 gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1012-1000 Date 1-9-13

Pump Tank 1000 (gal) PT 17-1000 Date 7-17-13

Pump Make Goulds Model 1/2 HP Serial # WE831211MU

Nitrification Fields 1 # Lines 3 Linear Ft: 240

Trench Width 36" Max. Trench Bottom Depth 18" Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description:

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

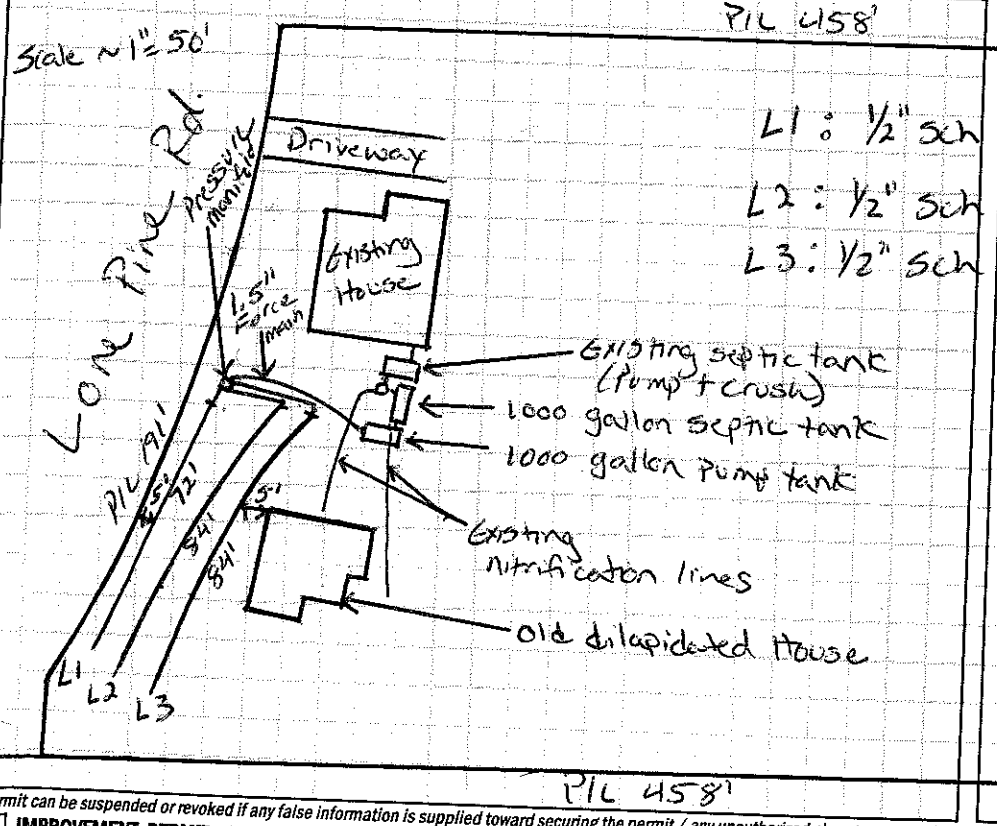
No. Bedrooms 2 No. Persons ____ No. Employees ____ ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

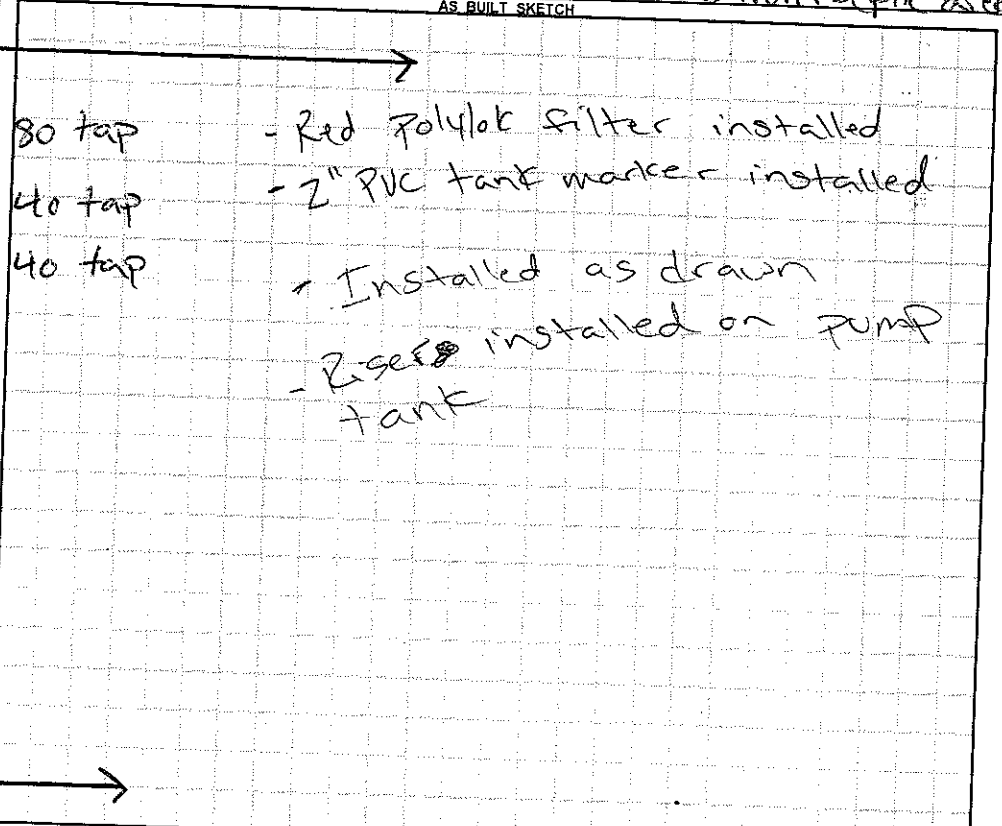
Comments / Conditions: Install a 25% Reduction system on contour with parallel distribution. Bring in Group 3 Suitable fill to cover nitrification lines. Place a minimum of 8" Cover over entire system

Soil Covers Shall be placed at uniform depth over entire nitrification field & shall extend laterally five feet beyond nitrification trench. - It is recommended to remove pin oaks from septic area.

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: William L Anderson Date: 9-23-13

IMPROVEMENT PERMIT by: Justin Henderson Date: 9-23-13

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 9-23-13

Installed by: David Yountz

OPERATION PERMIT by: Justin Henderson Date: 10-2-13

Existing System Inspected by: ____ Date: ____

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