IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202934

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

PIN # 4775928198

APPLICANT: Lawrence Mazzone APPLICANT ADDRESS: 150 Dairy Farm Rd Mooresville NC 28115

SITE ADDRESS: 107 Elmwood Rd Statesville NC 28625 PHONE: 704-746-5428 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64 E T/L Barry Oak Rd, T/L on Elmwood Rd 1st house on left

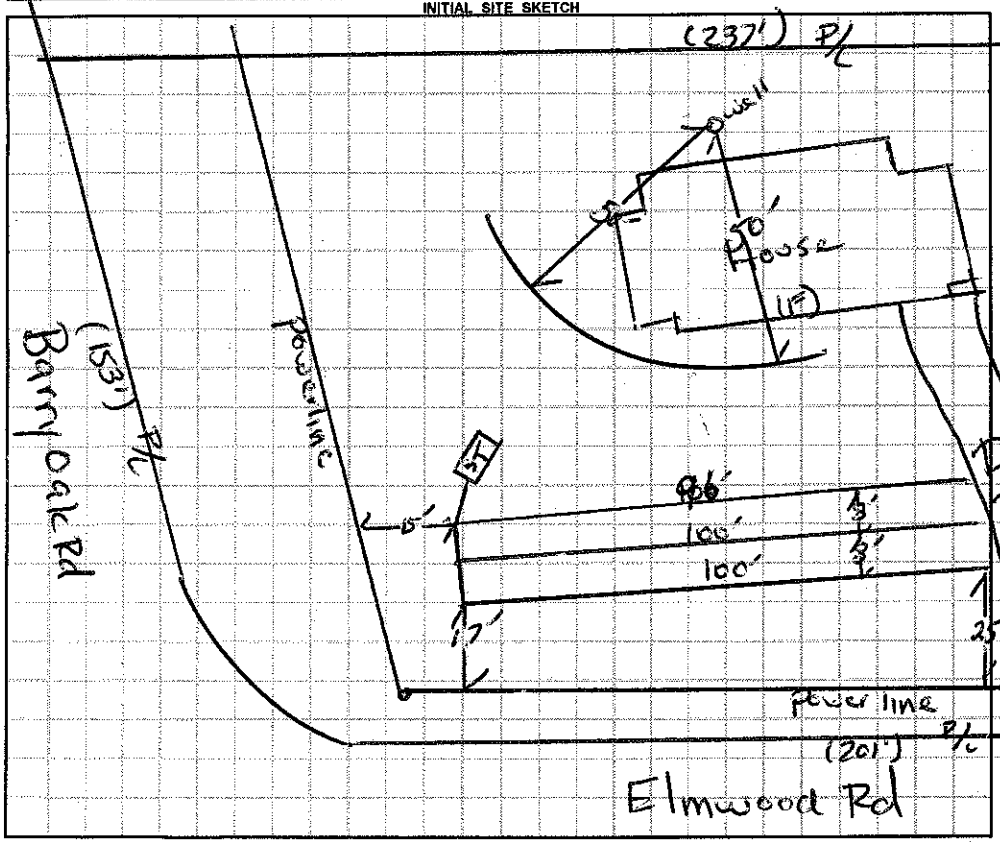
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.76 ac DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	4-16-14	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction		
Pump Make	N/A	Model	Pollock	Serial #	PL-68	Repair System Description:			
# Nitrification Fields	1	# Lines	13	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	48"	Gravel Depth	N/A	☐ GRAVITY	☐ PRESSURE		

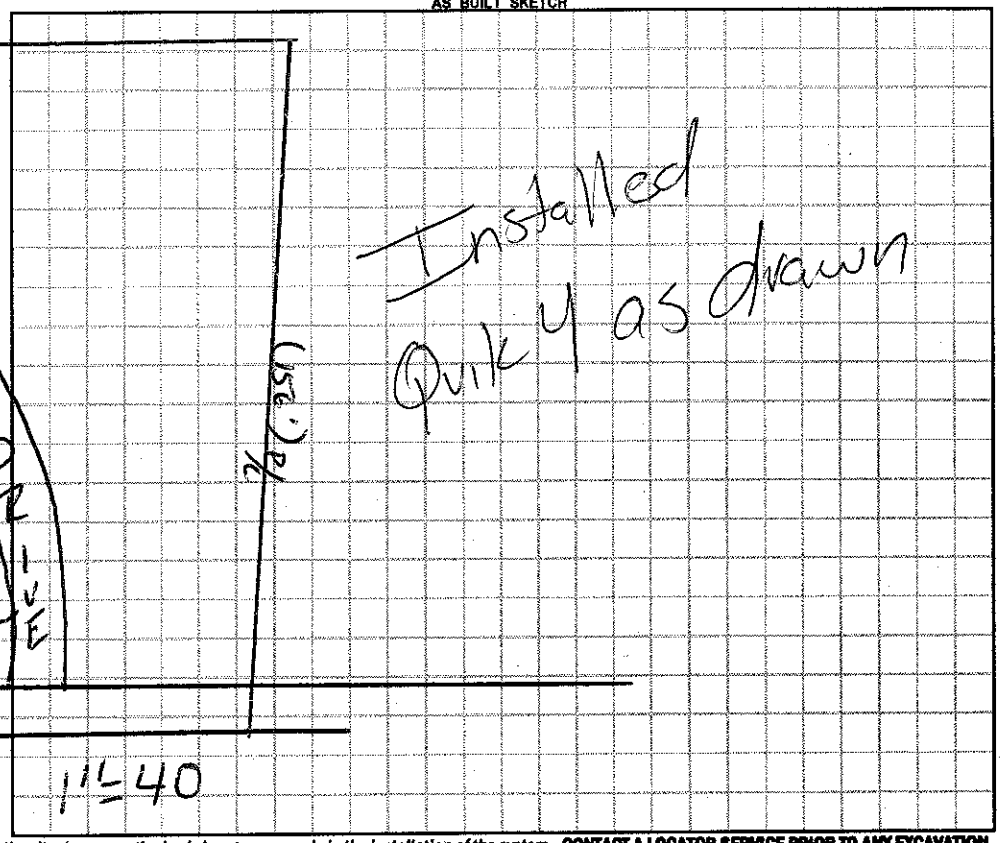
☒ Residence No. Bedrooms 3 — Water Supply: ☒ Private
☐ Business No. Persons 6 — ☐ Public
☐ Other No. Employees — ☐ Community
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Install 25% Reduction on contour with Serial distribution. Minimum trench depth 48"

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: Lawrence J. Mazzone Date:

IMPROVEMENT PERMIT by: [signature] Date: 06/04/14

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/04/14

Installed by: Russell Williams

OPERATION PERMIT by: [signature] Date: 06/06/14

Existing System Inspected by: Date:

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