IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202436

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

PIN # 4787953143

APPLICANT: Steven Lea APPLICANT ADDRESS: 417 Garden Valley Rd Statesville NC 28625

SITE ADDRESS: 129 Lea Way Ln Statesville NC 28625 PHONE: 704-873-2072 ALT. PHONE: N/A

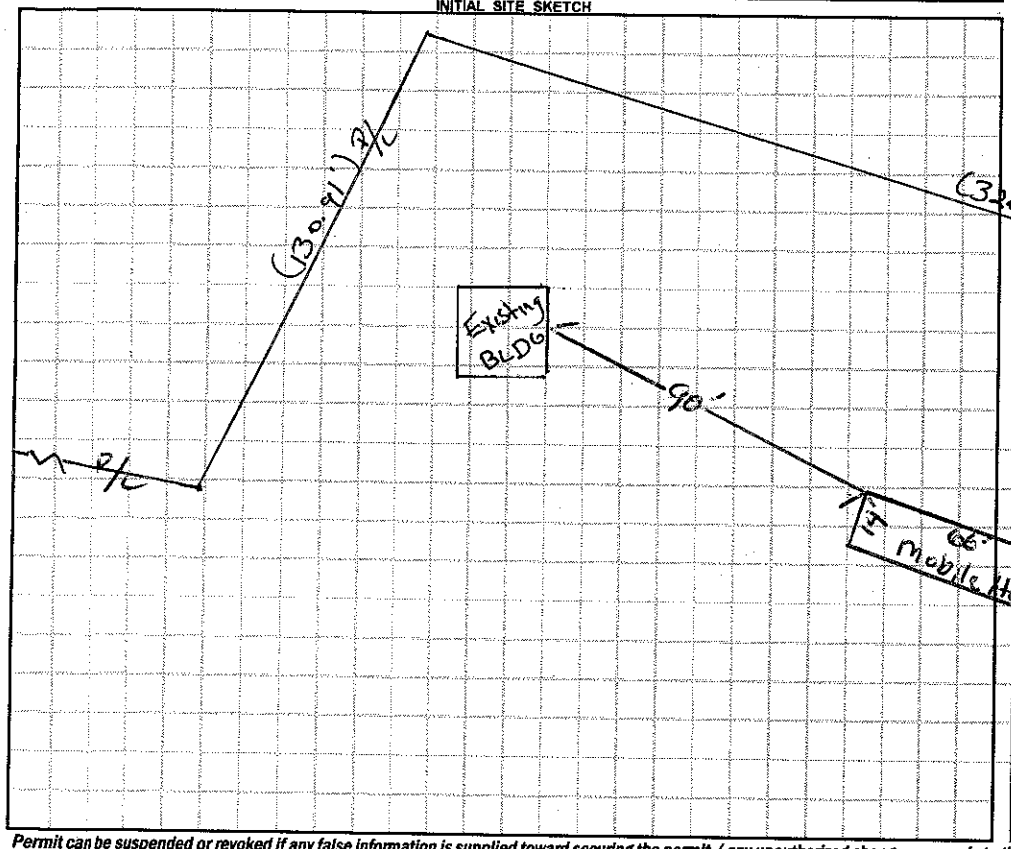
SITE DIRECTIONS: 64/E to Cool Springs (R) on Garden Valley (L) Loggerhead (R) on Lea Way Ln

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 4.50 ac DESIGN FLOW: 360 L.T.A.R.: 6.3

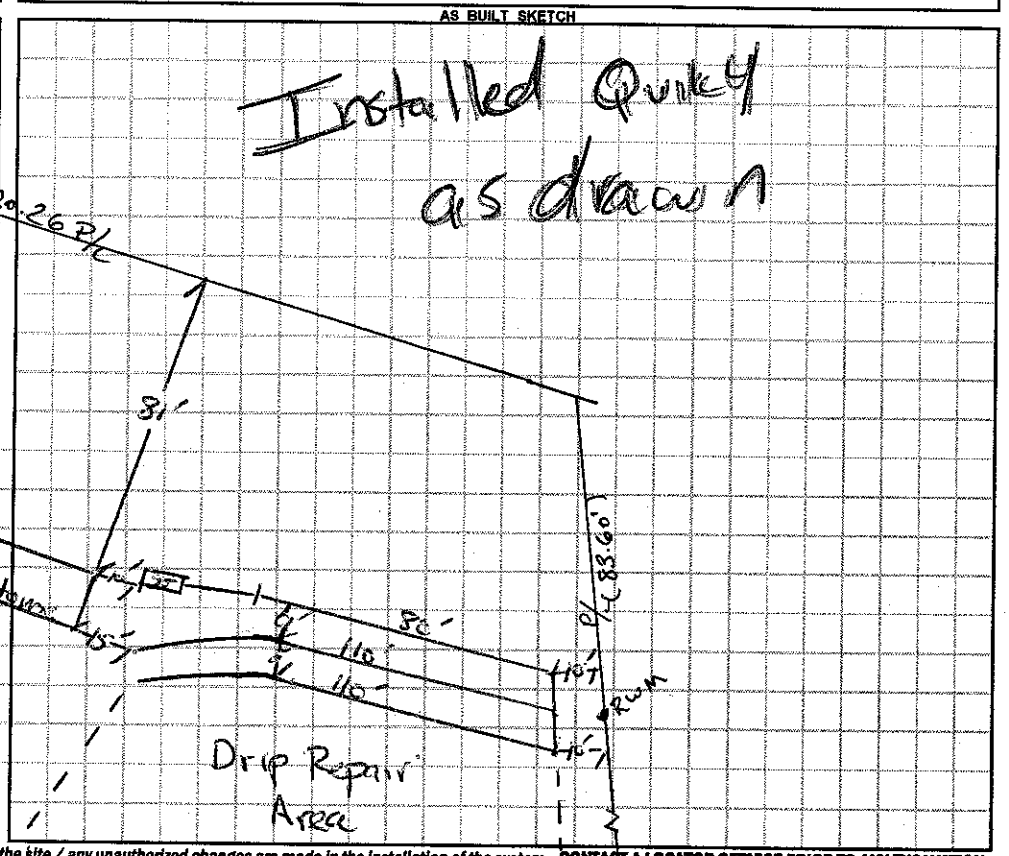
Septic Tank	1000 (gal)	STB	760	Date	1-24-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply		
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons	6	☒ Private		
Pump Make	N/A	Model	Polylok	Serial #	PL-68	Repair System Description:	Drip Irrigation			☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	3	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 25% reduction 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: Steven Lea Date: 5/22/14 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 05/21/14 OPERATION PERMIT by: Date: 05/22/14

AUTHORIZATION TO CONSTRUCT by: Date: 05/21/14 Existing System Inspected by: Date:

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