IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 212588

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

PIN # 4788156490.2312

APPLICANT: John Gilbert III APPLICANT ADDRESS: 631 St. Cloud Dr.

SITE ADDRESS: 2312 Old Mocksville Rd. PHONE: 704-310-1832 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64 E TL Old Mocksville Rd. Property on Right just before Vaughn Mill Rd.

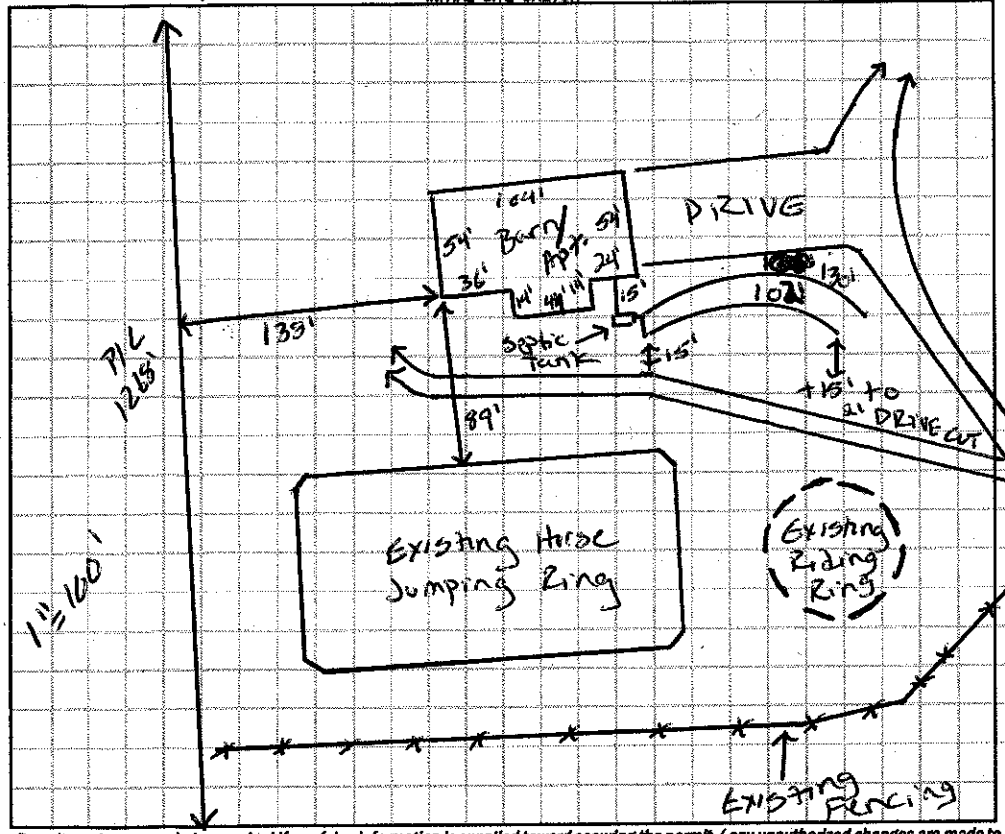
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3+ Illacres DESIGN FLOW: 256 gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	825-1000	Date	10-1-15	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	259e Reduction	☐ Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description:	259e Reduction	☑ Other washing machine	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	232	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

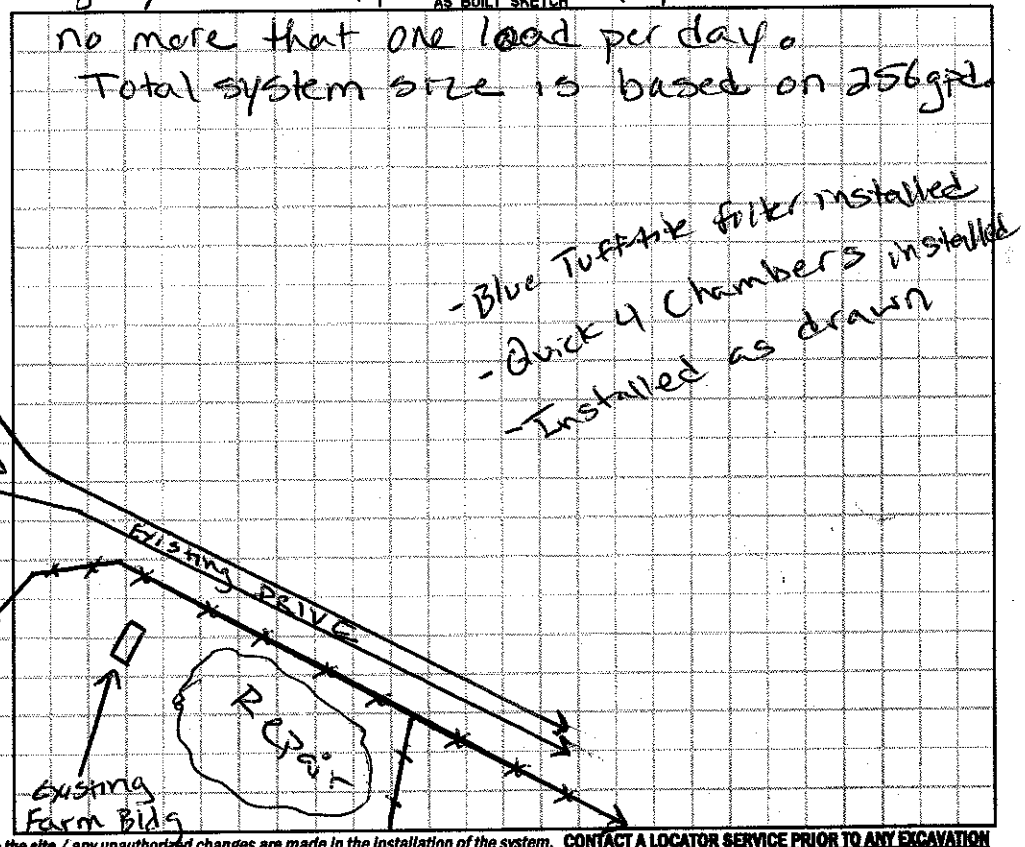
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a 259e Reduction System on Contour with Serial distribution. Install trench bottoms @ 36" on high side ~~A~~ This permit is for a 2 bedroom apartment in upstairs of barn sized at 240gpd & also sized for washing machine in horse barn according to the specific specs attached uses 16gal/load. Applicant only plans to wash no more that one load per day. Total system size is based on 256gpd.

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: _____ Date: 3/10/16 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-23-16 OPERATION PERMIT by: Justin Henderson Date: 3-31-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-23-16 Existing System Inspected by: _____ Date: _____

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