IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 203643

APPLICANT: Garry & Judy Lunsford APPLICANT ADDRESS: 164 Paddock Rd Union Grove NC 28689

PIN # 4814778951

SITE ADDRESS: 164 Paddock Rd Union Grove, NC 28689 PHONE: 704-592-9883 ALT. PHONE: 704-592-2451

SITE DIRECTIONS: 115 N T/L on Paddock Rd before Wilkes County line Lot on Right

SUBDIVISION: Emma Jane Mahaffey SECTION: N/A LOT # 6 LOT AREA: 6.763ac DESIGN FLOW: 360 L.T.A.R.: 0.3

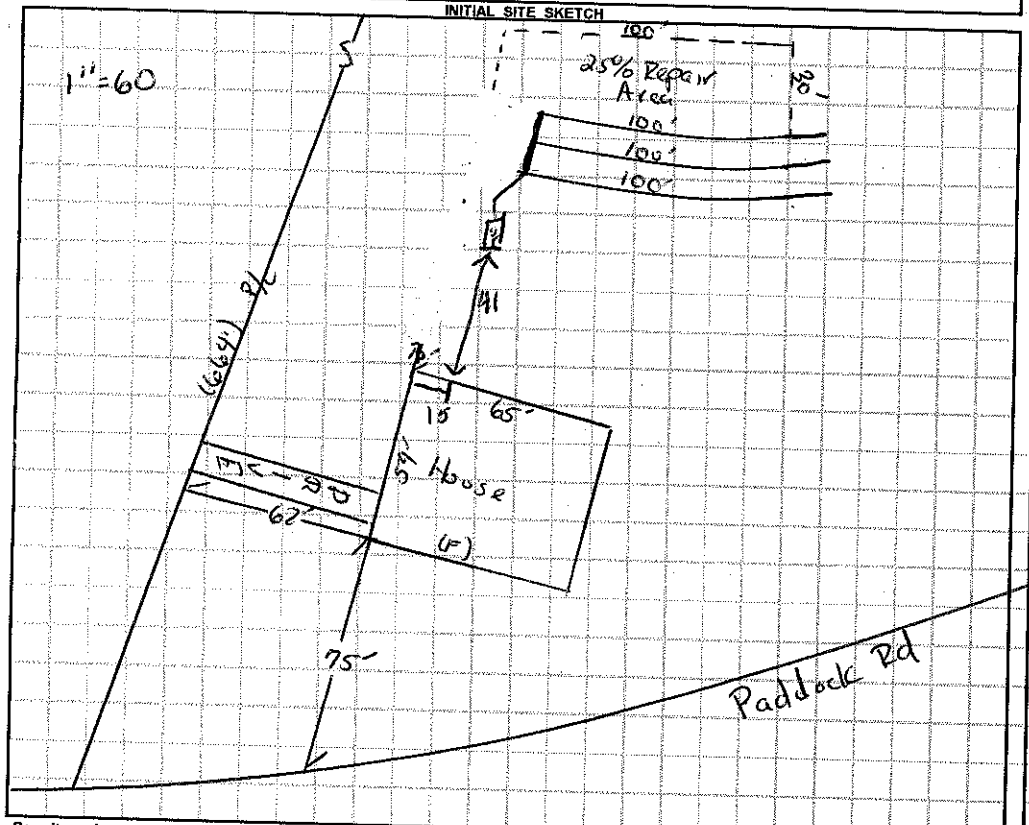
Septic Tank 1000 (gal) STB 954-1000 Date 7-2-14
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 3 Linear Ft: 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

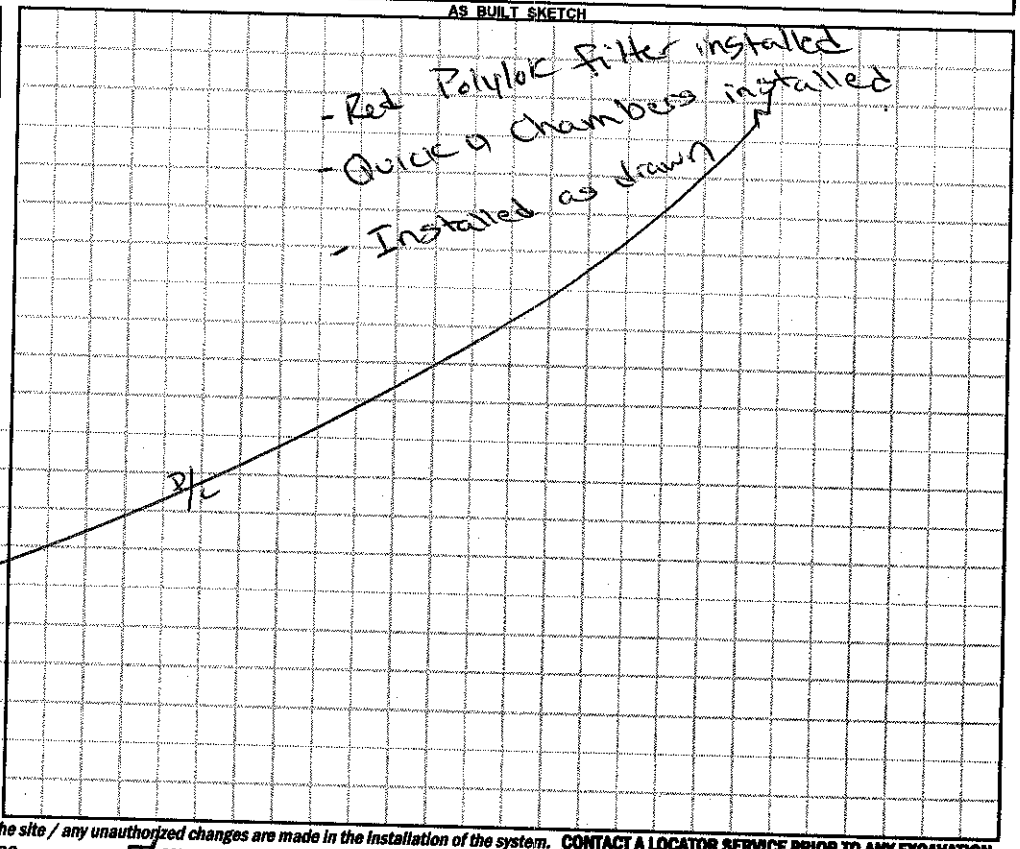
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons 6 No. Employees ____ ☒ Crawl Space
Water Supply: ☒ Private ☐ Public ☐ Community
☐ Basement w/o plumbing

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: Garry Lunsford Date: ____ Installed by: Kelly Welborn

IMPROVEMENT PERMIT by: Robert Hyatt Date: 06/23/14 OPERATION PERMIT by: Justin Henderson Date: 11-4-14

AUTHORIZATION TO CONSTRUCT by: Robert Hyatt Date: 06/25/14 Existing System Inspected by: ____ Date: ____

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