IREDELL COUNTY HEALTH DEPARTMENT

~~Statesville Office (704) 878-5305~~ Mooresville Office (704) 660-3625 PERMIT # 219269

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

PIN # 4821428105

APPLICANT: James R. Murph APPLICANT ADDRESS: 141 Bruce Farm Rd Statesville NC

SITE ADDRESS: 141 Bruce Farm Rd Statesville NC PHONE: 704-876-0213 ALT. PHONE: 704-682-1098

SITE DIRECTIONS: 115 N T/R Bruce Farm Rd House on left down long gravel drive

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 24.363ac DESIGN FLOW: 240 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB 160 Date 4-14-16
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Powhatan Serial # P2-65
Nitrification Fields 1 # Lines 3 Linear Ft: 210
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

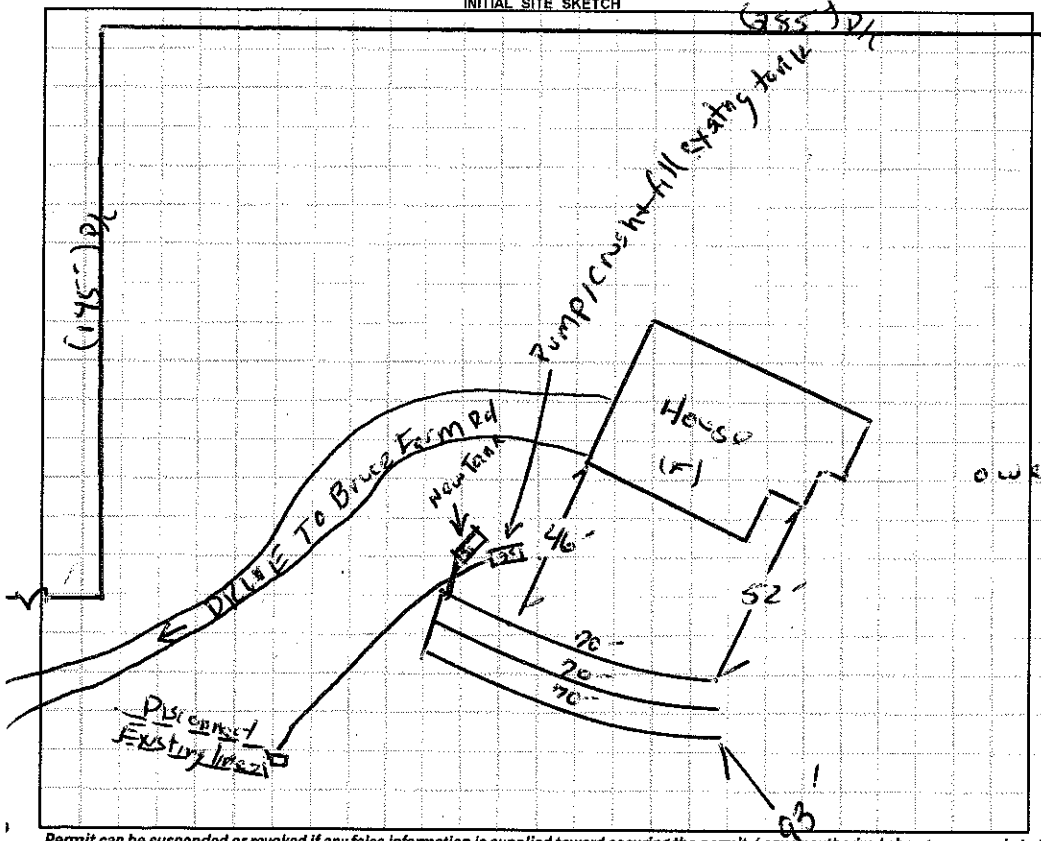
☐ New System ☒ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description:
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 2
☐ Business No. Persons 4
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

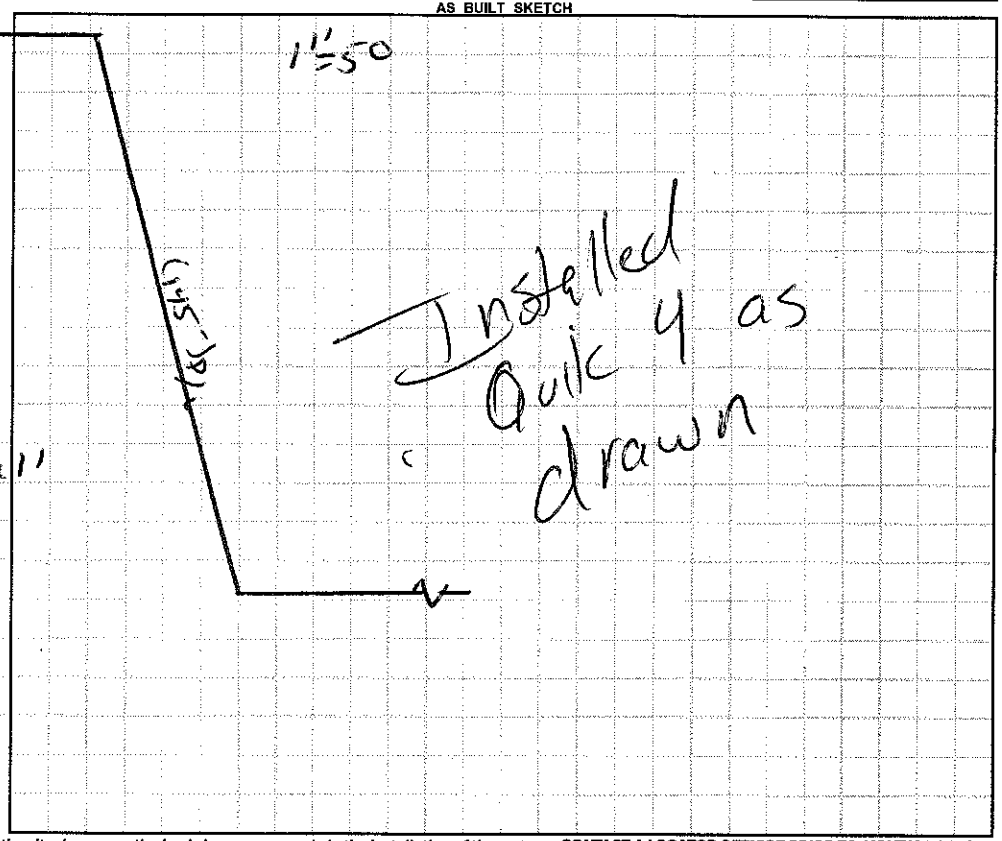
Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: Install 25% reduction on contour with Serial distribution. Maintain 50' off any well

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: James R. Murph Date: 6/13/16 Installed by: L+M Grading

IMPROVEMENT PERMIT by: [signature] Date: 06/13/16 OPERATION PERMIT by: [signature] Date: 06/23/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 06/13/16 Existing System Inspected by: Date:

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