IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207237

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

PIN # 483234 1782

APPLICANT: Clay Lunsford APPLICANT ADDRESS: 6245 Wilkesboro Hwy Union Grove NC 28689

SITE ADDRESS: 781 Myers Mill Rd Statesville NC 28625 PHONE: 704-880-3698 ALT. PHONE: N/A

SITE DIRECTIONS: Intersection of prospect rd + Myers Mill Rd

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.922 ac DESIGN FLOW: 240 L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	6	Linear Ft:	192'					
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: N/A

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

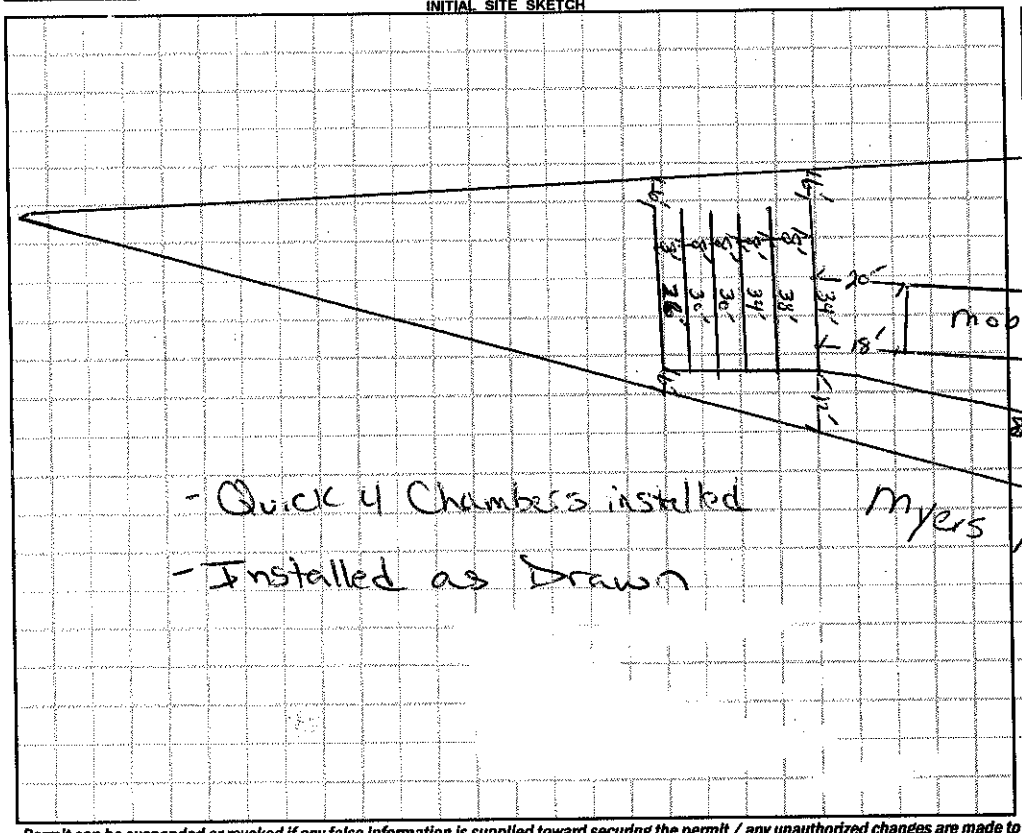
No. Bedrooms 2 No. Persons 4 No. Employees ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

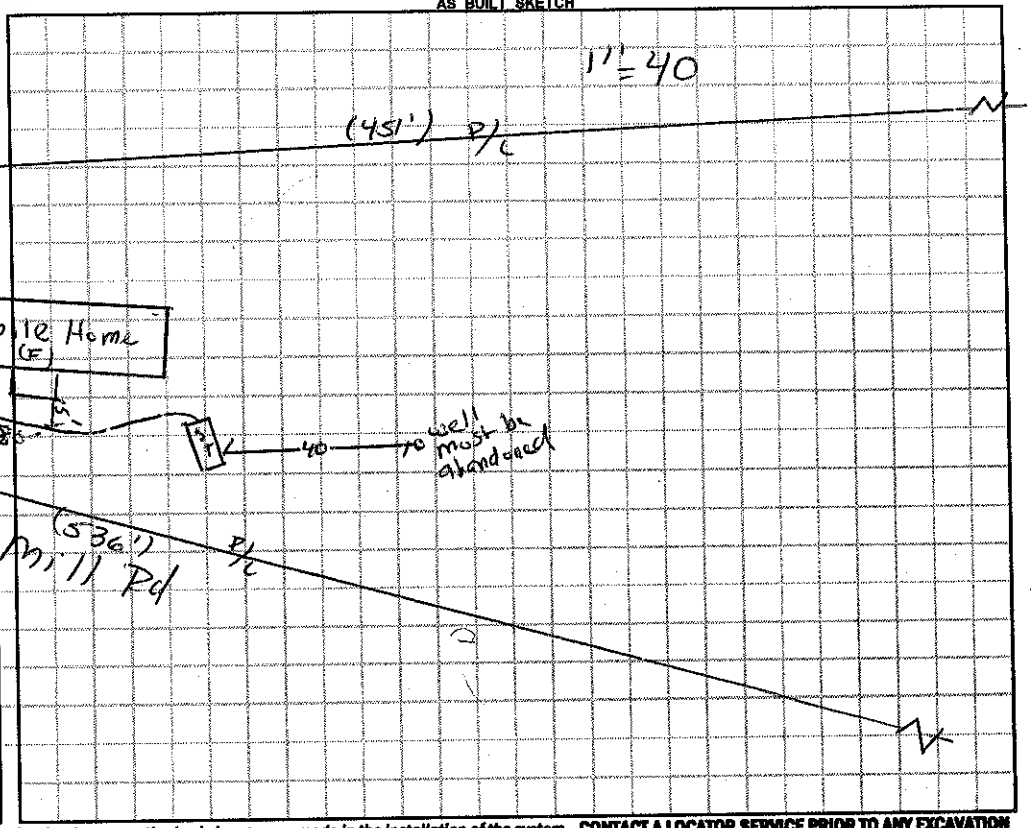
☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution. Check tank, check tee replace if necessary.

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: [signature] Date: 12-16-14 Installed by: Custer Grading

IMPROVEMENT PERMIT by: [signature] Date: 12/9/14 OPERATION PERMIT by: [signature] Date: 1-7-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/15/14 Existing System Inspected by: _____ Date: _____

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