IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 215386

PIN # 3793-31-2752

APPLICANT: Rollans Soil APPLICANT ADDRESS: P.O. Box 832 Mooresville NC 28115

SITE ADDRESS: 131 Arapaho Trl Statesville NC 28677 PHONE: 704-746-5046 ALT. PHONE: N/A

SITE DIRECTIONS: 40W T/L Sharon School Rd T/L Mock Mill Rd T/R Broken Arrow Dr T/R Arapaho on left

SUBDIVISION: Buffalo Shoals Natl Golf Club SECTION: N/A LOT # 86 LOT AREA: 0.52 ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	3/21/16	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI
Pump Tank	(gal)	PT		Date		System Description:	50% Reduction		
Pump Make		Model		Serial #		Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	6	Linear Ft:	270	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE		

[X] Residence [ ] Business [ ] Other [X] Slab [ ] Basement w/plumbing

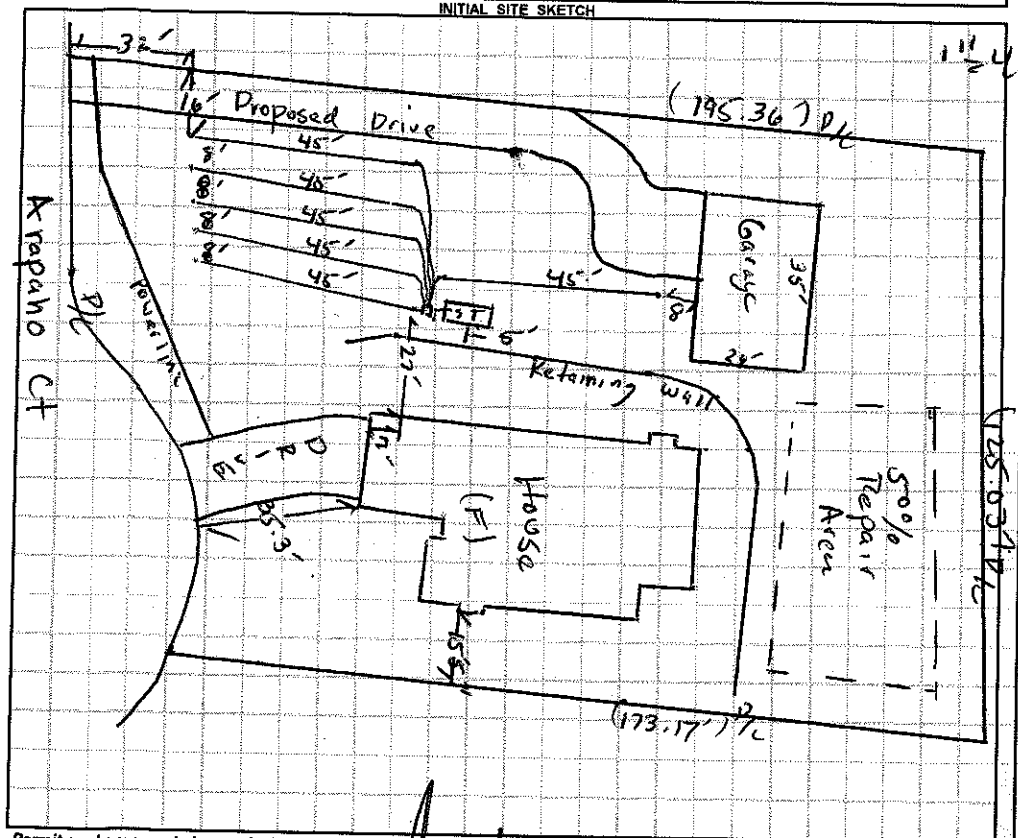
No. Bedrooms 4 No. Persons 8 No. Employees ____ [ ] Crawl Space

[ ] Basement w/o plumbing

Water Supply: [ ] Private [X] Public [ ] Community

Comments / Conditions: Install 50% reduction on contour with parallel 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. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: _____ Date: _____ Installed by: A1 Backhoe

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: 9/9/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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