Statesville 225888

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225 267

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

PIN # 3793710933

APPLICANT: Ali Hamka APPLICANT ADDRESS: 210 Volt Cir Statesville NC

SITE ADDRESS: 210 Volt Cir Statesville NC PHONE: 704-437-6686 ALT. PHONE: 704-437-6764

SITE DIRECTIONS: 70W T/R Deer Trails T/R on Volt Cir

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.71 ac DESIGN FLOW: 100 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 1012 Date 10-27-16 — New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI

Pump Tank ____ (gal) PT ____ Date ____ — System Description: 25% reduction

Pump Make ____ Model ____ Serial # ____ — Repair System Description: Drip

Nitrification Fields 1 # Lines 2 Linear Ft: 100 — Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36" Max. Trench Bottom Depth 18" Low side Gravel Depth N/A — ☒ GRAVITY ☐ PRESSURE

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

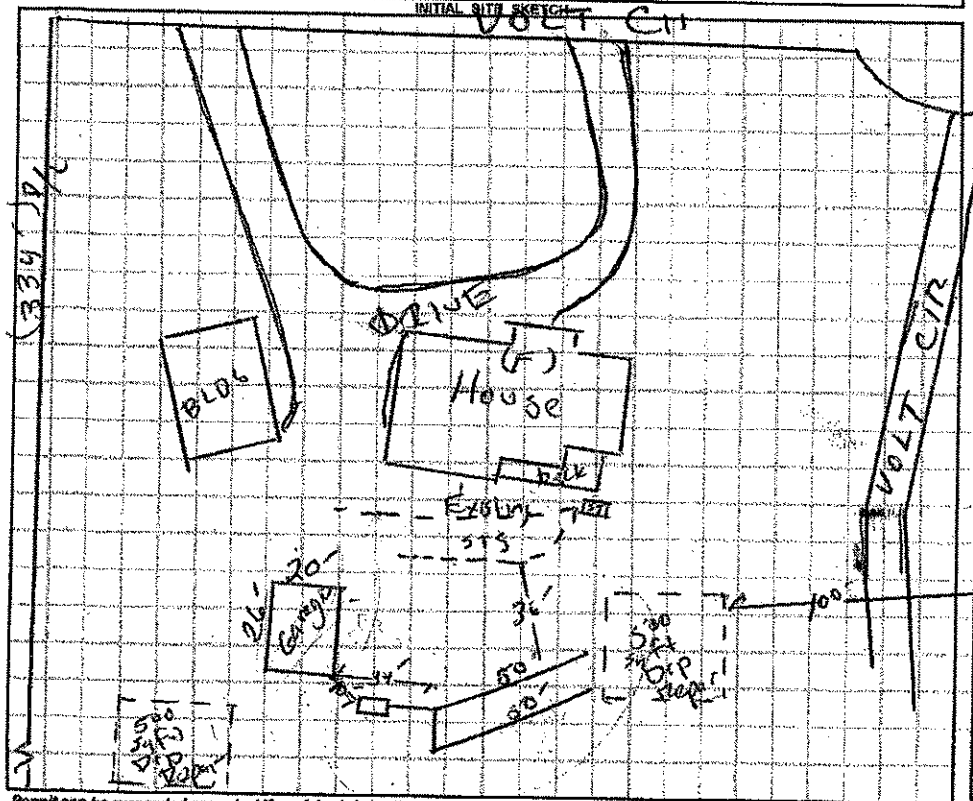
No. Bedrooms 1 (Bath room) No. Persons ____ No. Employees ____ ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

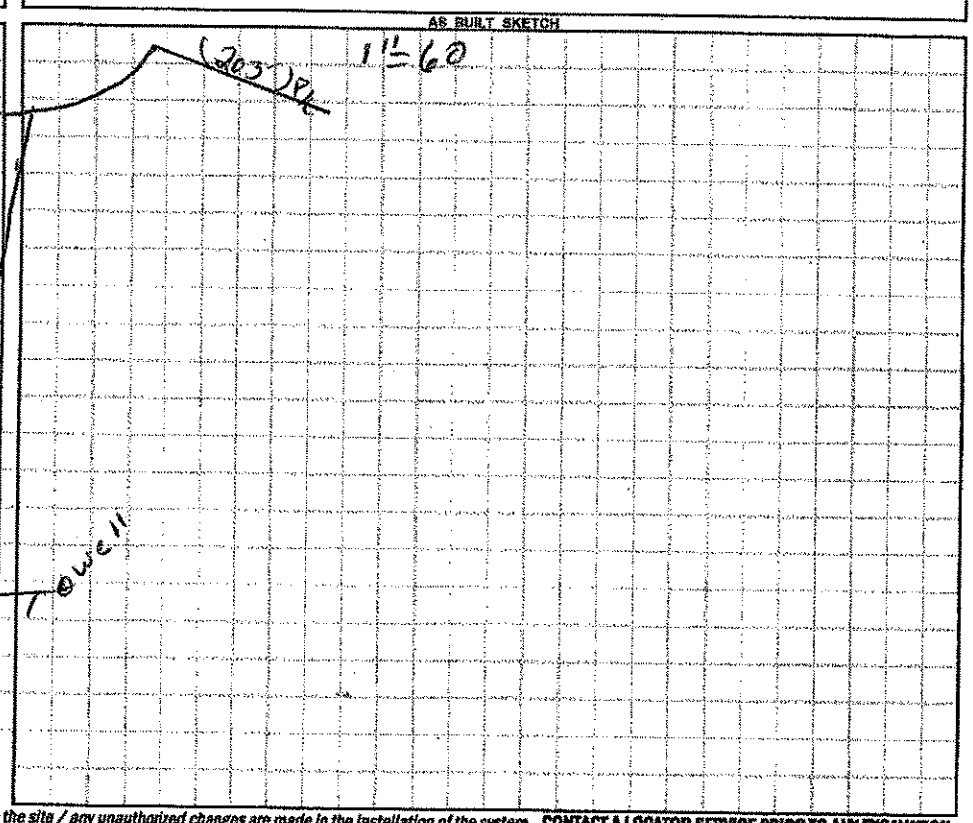
Comments / Conditions: Install 25% reduction on Conforming Serial distribution * Trench depth 18" Low side *

12 panel top 13 panel 2nd one

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: 3-24-17 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: _____ Date: 03/23/17 OPERATION PERMIT by: _____ Date: 3/30/17

AUTHORIZATION TO CONSTRUCT by: _____ Date: 03/23/17 Existing System Inspected by: _____ Date: _____

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