IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216530

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

PIN # 3797830169

APPLICANT: Kevin Rogers APPLICANT ADDRESS: PO Box 323 Stony Point

SITE ADDRESS: 156 Halyburton Rd. PHONE: 704-775-0872 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 90 W TR Midway TL Halyburton Property on Right

SUBDIVISION: Hallybrook SECTION: 1 LOT # 14 LOT AREA: 0.568 acres DESIGN FLOW: 360gpd L.T.A.R.: Existing

Septic Tank	Existing	(gal)	STB		Date				
Pump Tank	Existing	(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields	Ex	# Lines	6p		Linear Ft:	Ex			
Trench Width	Ex	Max. Trench Bottom Depth	Ex		Gravel Depth	N/A			

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description:

Repair System Description: Pressure manifold

Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☐ PRESSURE

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

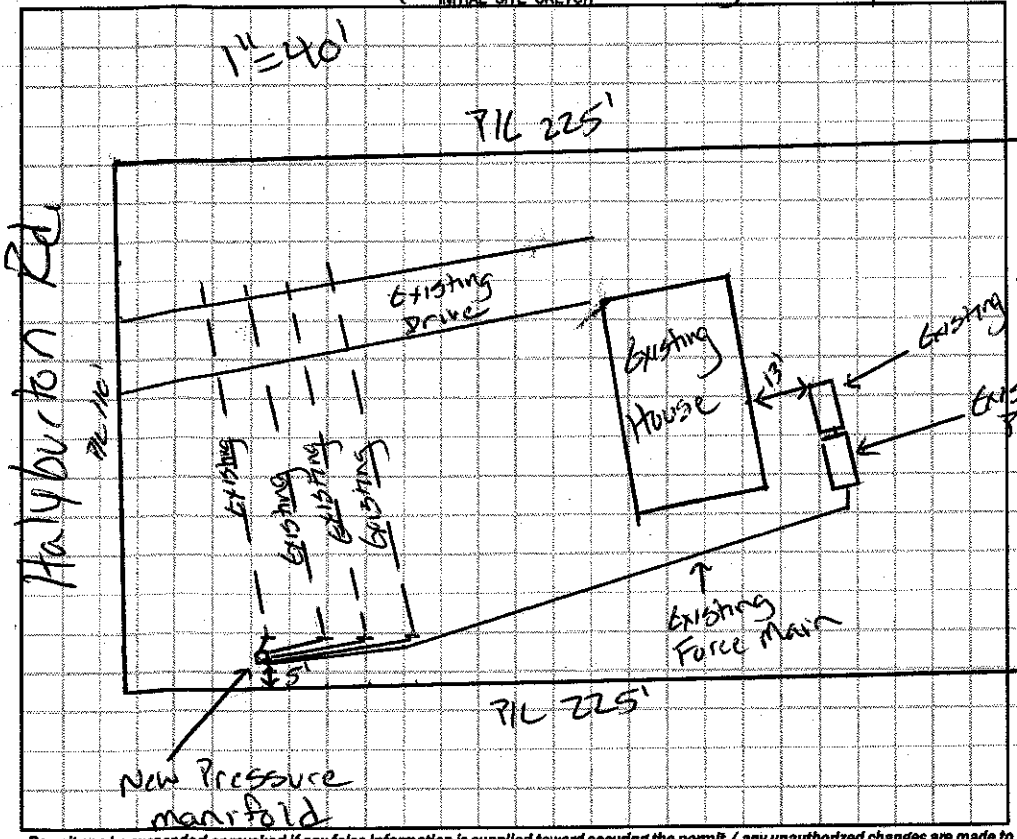
No. Bedrooms 3 No. Persons 6 No. Employees ☑ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Replace existing crushed Pressure manifold with a new pressure manifold & connect to existing drainfield. Use same size taps as in original pressure manifold. Replace stolen pump with one that can achieve 2' pressure head. Dose volume = 140 gallons Tap size = 1½" SCH 40

INITIAL SITE SKETCH



AS BUILT SKETCH

TDH to be determined by installed

	Date	Initials
Drain Lines Checked	N/A	
Tanks Checked	N/A	
Pressure Manifold or Valve Box Checked	2-11-16	JH
Pressure Head Set	2-11-16	JH
Electrical Checked	2-11-16	JH
Floats Set	2-11-16	JH
Alarm Checked	2-11-16	JH
Maintenance Contract Y / N	N/A	

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: Kevin L. Rogers Date: 2/11/16 Installed by: Kevin Powell

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-11-16 OPERATION PERMIT by: Justin Henderson Date: 2-11-16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-11-16 Existing System Inspected by: Date:

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