IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217437

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

PIN # 3798955876 81

APPLICANT: Aaron Arrowood APPLICANT ADDRESS: 7443 Cheatham Ford Rd Hiddenite NC

SITE ADDRESS: 1186 Lambert Dr Hiddenite NC PHONE: 828-632-9144 ALT. PHONE: 828-292-4610

SITE DIRECTIONS: 115 N T/L Pisgah Church Rd T/L Harris Bridge Rd T/R Branton Farm Rd T/L Huckleberry Ridge Rd T/L Lambert Rd

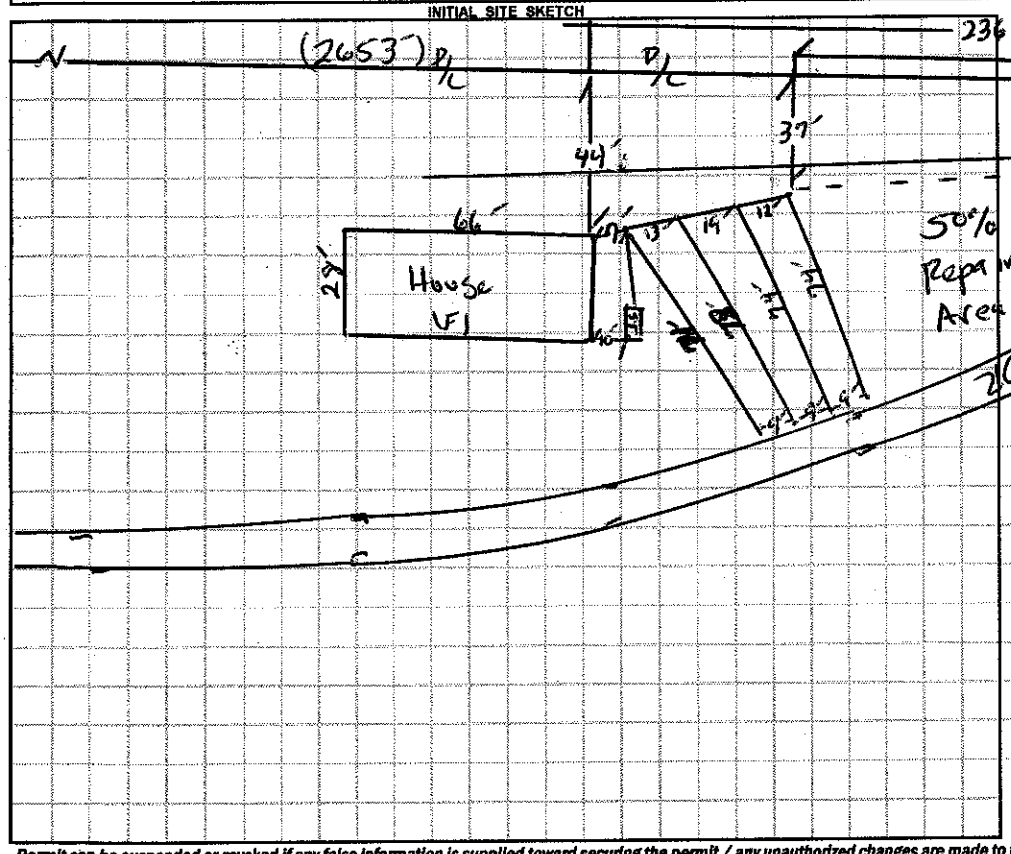
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 16.127ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	160	Date	4-12-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make	N/A	Model	F0M/04	Serial #	PJ-165	Repair System Description:	50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	25"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

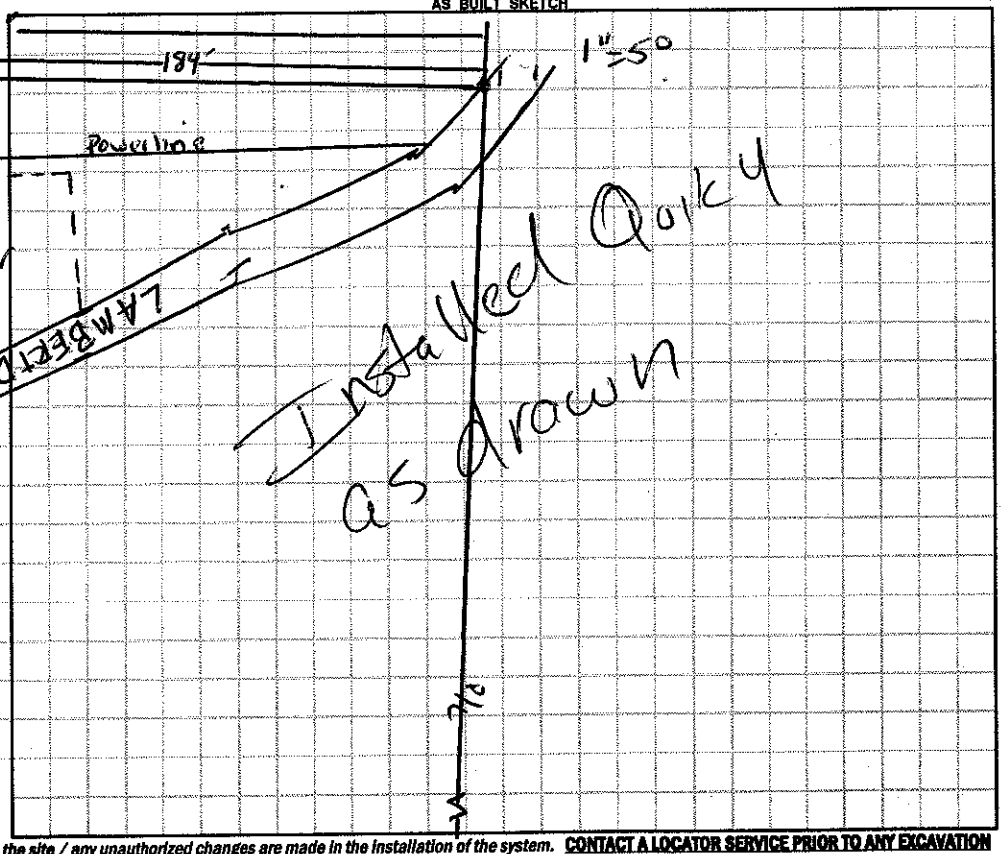
Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction on contour with serial 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.* ☒ **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: Aaron Arrowood Date: 4-12-16 Installed by: Cothron & Son

IMPROVEMENT PERMIT by: [signature] Date: 04/07/16 OPERATION PERMIT by: [signature] Date: 06/15/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 04/07/16 Existing System Inspected by: Date:

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