IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 ☒ MOORESVILLE 704-664-5281

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

PERMIT # 176155 PIN # 4638 75 5851 DATE December 3, 2012

OWNER or APPLICANT Lee Hoover PHONE: Business 641-231-1254 Home:

OWNER or APPLICANT ADDRESS 107 Glenholden Ln Mooresville NC

LOCATION / DIRECTIONS 150 W TR Perth Tr Hideaway Tr Ethan on left

SUBDIVISION CLdT BLOCK / SECTION 14 LOT # 37 LOT AREA .87 Ac. DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft²

Septic Tank 1000 Gallons: STB 794 Date 10-26-12

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 400 Vertical

Trench Width 36" Max. Trench Bottom Depth 18" & 12" Gravel Depth NA

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

System Description: 25% Reduction Gravity

Repair System Description: Existing System + TS II Pretreat

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions

Installed Infiltrator Quick 4 As Shown Did Solid Pipe thru old ST area. Kept TB 8"

Comments / Conditions

INITIAL SITE SKETCH

See Plan from Sq ME Approved by ICHD

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.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☒ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Wyatt L. Hoover Date 12-4-12

Improvement Permit by: Andy Melville Date 12-3-12

Authorzation to Construct by: Andy Melville Date 12-10-12

Installed by: Stanley Septic

Operation Permit by: [signature] Date: 1/4/13

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant