IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180803

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

PIN # ~~4639-74-8662.001~~ 4639982166

APPLICANT: ADAMS HOMES APPLICANT ADDRESS: 10115 KINCEY AVE HUNTERSVILLE 28078

SITE ADDRESS: 110 NESTING QUAIL LN PHONE: ALT. PHONE: 704-576 3887

SITE DIRECTIONS: PERTH N- TL FERN HILL- TL NESTING QUAIL - ON RT CORNER

SUBDIVISION: HIGHLAND RIDGE SECTION: LOT # 1 LOT AREA: .71AC DESIGN FLOW: 480 L.T.A.R.: .36 PD/FT2

Septic Tank 1000 (gal) STB 825 Date 1-9-14
Pump Tank 1000 (gal) PT 502 Date 1-17-14
Pump Make ZOELLER Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 290
Trench Width 36" Max. Trench Bottom Depth 34" Gravel Depth ~~36~~ N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP PUMPS
Repair System Description: LP PUMPS
Maintenance Agreement Required: ☑ YES ☐ NO ☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☑ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE MECHEC ATHANS & ASSOCIATES PLAN

AS BUILT SKETCH

CHECKED APR 25 2014
LINES
TANKS
SET 2' PH
CHECKED ELECTRICAL & ALARM
APPROVED MAY 23 2014 BA



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: 4/15/14 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Date: 4/24/14 OPERATION PERMIT by: Date: 5-23-14

AUTHORIZATION TO CONSTRUCT by: Date: 4/24/14 Existing System Inspected by: Date:

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