1100 ✓

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203477

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

PIN # 4657-19-2240

APPLICANT: Kory Sasnett APPLICANT ADDRESS: 12920 Darby Rd Fort Mill SC 29707

SITE ADDRESS: 135 Quail Hollow Dr PHONE: 704-241-2553 ALT. PHONE:

SITE DIRECTIONS: Hwy 150W, TR on Hwy 21N, TL on Oates Rd, TR on Quail Hollow, 1st on L

SUBDIVISION: SECTION: LOT # LOT AREA: 0.54ac DESIGN FLOW: L.T.A.R.:

Septic Tank 1000 (gal) STB JC1060 Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields EXISTING Lines EXISTING Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: EXISTING BED
Repair System Description:
Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

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

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: * SEPTIC TANK REPLACEMENT *
*No Bedrooms indicated on original Permit *
Infiltrator ST installed as shown
5FT to Neighbor's Well Cover

Old ST pumped out & backfilled.

INITIAL SITE SKETCH

SEE DESIGN BY ROLLANS SOIL & ENVIRONMENTAL SERVICES

(Design Dated 5-28-14)

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: 6/9/14 Installed by: Jarod Lentz

IMPROVEMENT PERMIT by: Date: 6-5-14 OPERATION PERMIT by: RS Date: 6/16/14

AUTHORIZATION TO CONSTRUCT by: Date: 6-5-14 Existing System Inspected by: Date:

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