IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 176834

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

PIN # 4664592095

APPLICANT: Rick Howell Enterprises Inc APPLICANT ADDRESS: 3544 Amity Hill Rd Statesville, NC

SITE ADDRESS: Vista Dr Davidson, NC 28036 PHONE: 704 873-8987 ALT. PHONE: 704 634 7067

SITE DIRECTIONS: Shegrers Rd TL Vista Dr 5th lot on right

SUBDIVISION: Belle Glade SECTION: LOT # 26 LOT AREA: .6475Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 102 Date 11-15-11
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 200'
Trench Width min. 24" Max. Trench Bottom Depth 30" Gravel Depth N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI
System Description: Gravity - 50% Reduction
Repair System Description: LP - PPBPS (Panel Blk)
Maintenance Agreement Required: [ ] YES [X] NO
[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [X] Slab [ ] Basement w/plumbing
No. Bedrooms No. Persons No. Employees [ ] Crawl Space

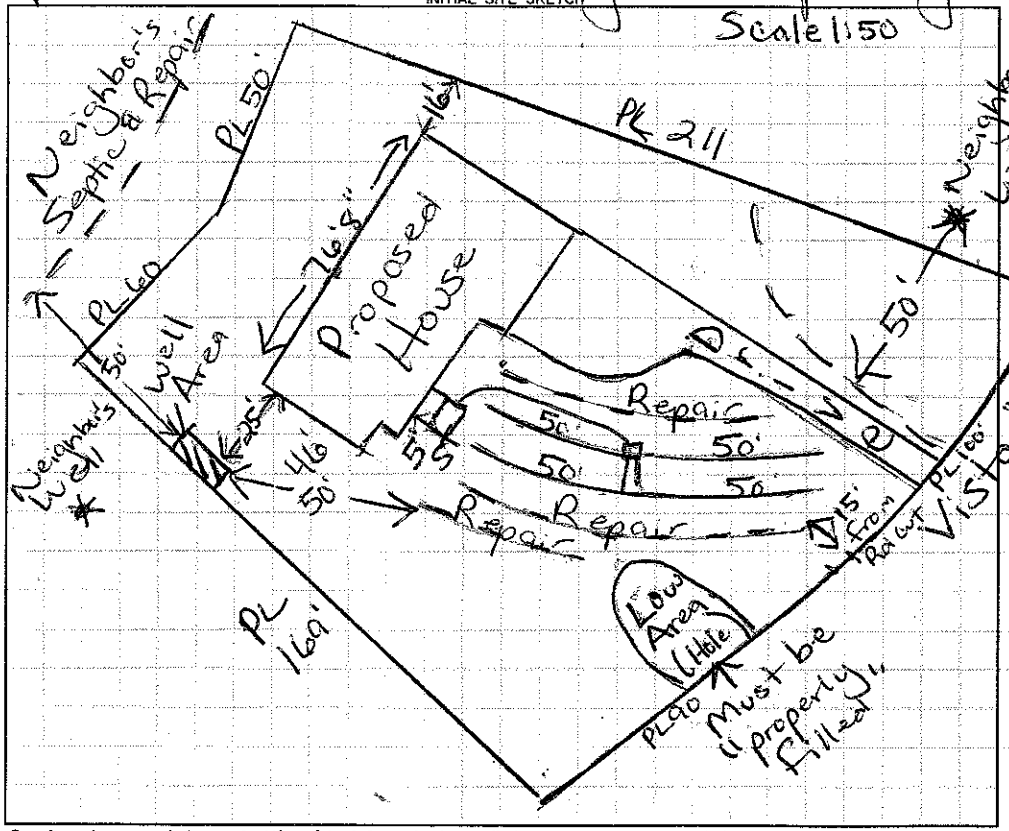
Water Supply: [X] Private [ ] Public [ ] Community

[ ] Basement w/o plumbing

Comments / Conditions: ** Stub out plumbing high. Very tight lot do not cut within 15 ft of Drainfield. * Divert Stormwater Away from Septic System

Must Keep Septic System at least 50ft from any well & 10ft from PL. Property fill large hole at front of property & stay at least 5ft from it after filled. Stay 15ft from Road cut >2ft.

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS SHOWN

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:

IMPROVEMENT PERMIT by: Maria H. Dolson RS Date: 2/25/13

AUTHORIZATION TO CONSTRUCT by: Maria H. Dolson RS Date: 2/25/13

Installed by: Piedmont Backhoe

OPERATION PERMIT by: Date: 7/9/13

Existing System Inspected by: Date:

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