IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2160 202559 ~~17945~~

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

PIN # ~~4669-31-8604~~ 4669318709

APPLICANT: ROBERT MCFARLAND (Mark) APPLICANT ADDRESS: 159 FREEZE CROSSING DR.

SITE ADDRESS: ~~424~~ 600 SHINNVILLE RD PHONE: 704-517-0388 ALT. PHONE:

SITE DIRECTIONS: SHINNVILLE RD, TR JUST BEFORE EMBRODERY SHOP

SUBDIVISION: SECTION: LOT # LOT AREA: ACERAGE DESIGN FLOW: 600 L.T.A.R.: .35/.3 R

Septic Tank	1500 (gal)	STB	1014	Date	10-12-14	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	(gal)	PT		Date		System Description:	25% REDUCTION	☐ Business	No. Persons
Pump Make		Model		Serial #		Repair System Description:	SAME	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4C 120'	Linear Ft:	480'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth		☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

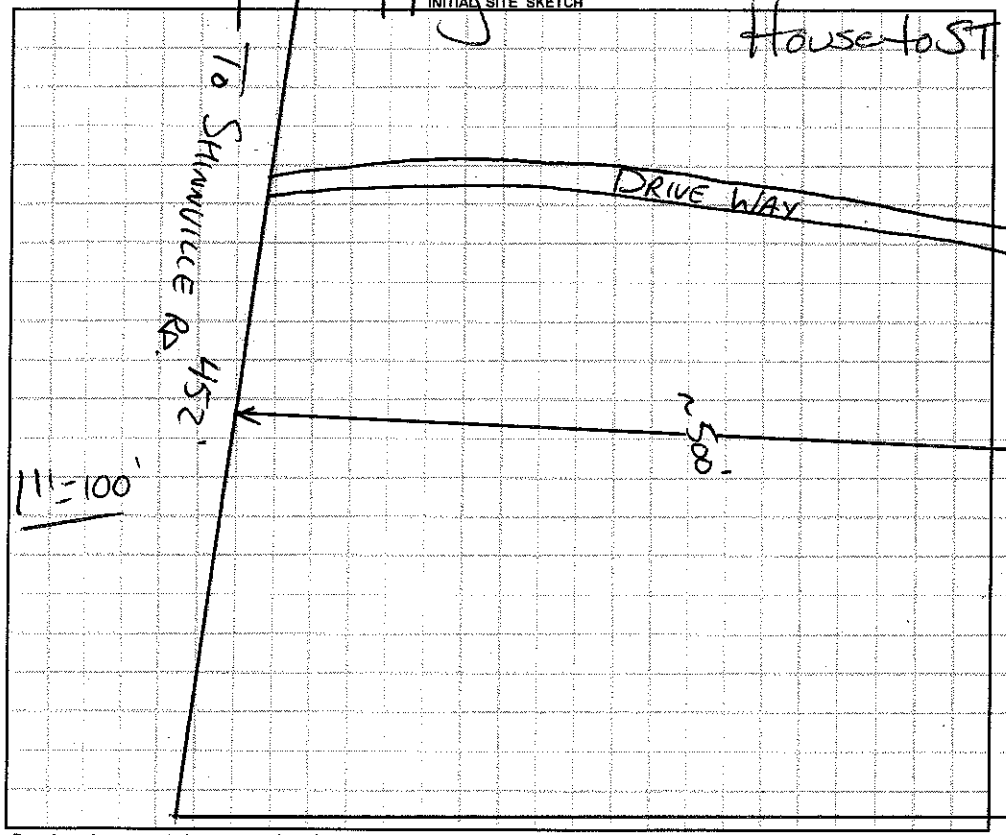
Comments / Conditions:

Installed Quick 4, Serial 931

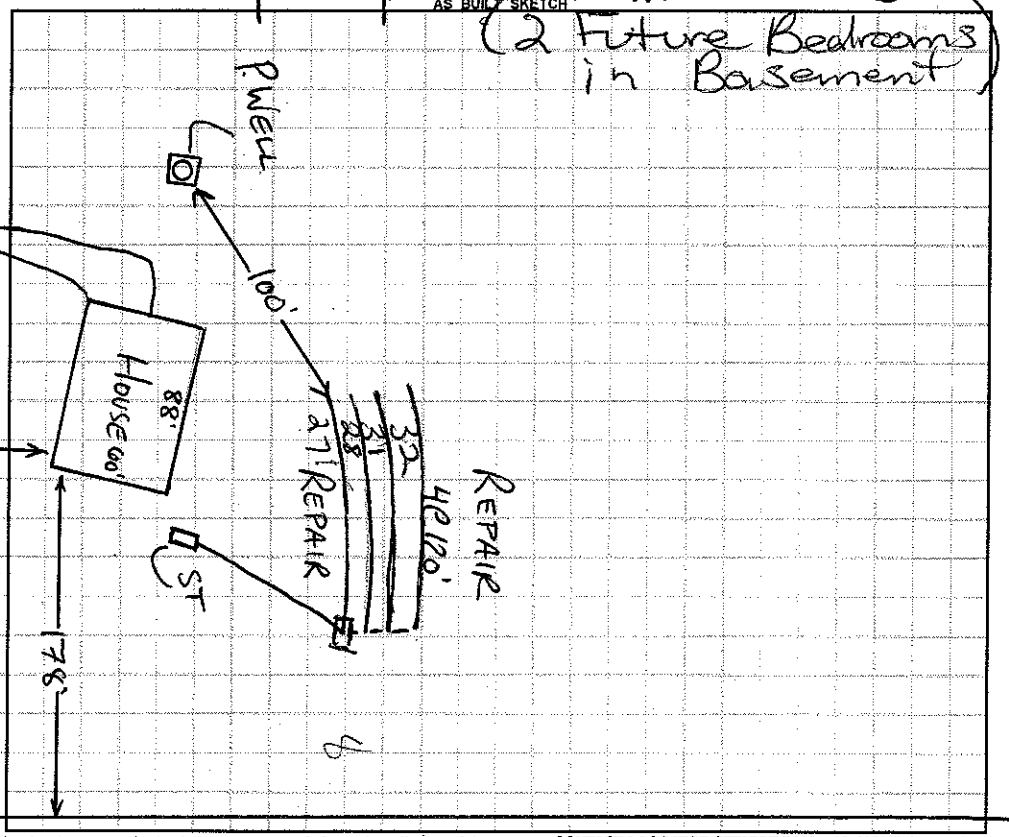
Distribution Supply line ~110ft from House to ST

6/25/14 Renewed Floor plans, Floor Plans only show 3 Bedrooms but Septic permit allows for 5 Bedrooms (2 Future Bedrooms in Basement)

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: Date: 9-30-13 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Date: 9-23-13 OPERATION PERMIT by: RS Date: 1/22/15

AUTHORIZATION TO CONSTRUCT by: RS Date: 6/25/14 Existing System Inspected by: Date:

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