IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 210027

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

PIN # 4679-31-5611

APPLICANT: Ben & Sara Hutar | APPLICANT ADDRESS: 133 Peterborough Dr.

SITE ADDRESS: 150 Savannah Crossing Dr. - Mooresville | PHONE: 704-894-9365 | ALT. PHONE:

SITE DIRECTIONS: 150 To 801, TR Wiggins, TR Savannah Crossing, on R

SUBDIVISION: KERR Plantation | SECTION: — | LOT # 13 | LOT AREA: 2.22 AC | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	3-28-16	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III)B IV V VI
Pump Tank	1000 (gal)	PT	283	Date	3-14-16	System Description:	PM 25% Red.		
Pump Make	Zoller	Model	N-161	Serial #	110V	Repair System Description:	Panel Block		
# Nitrification Fields	1	# Lines	4 @ 100'	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE	

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing ☐ Basement w/o plumbing

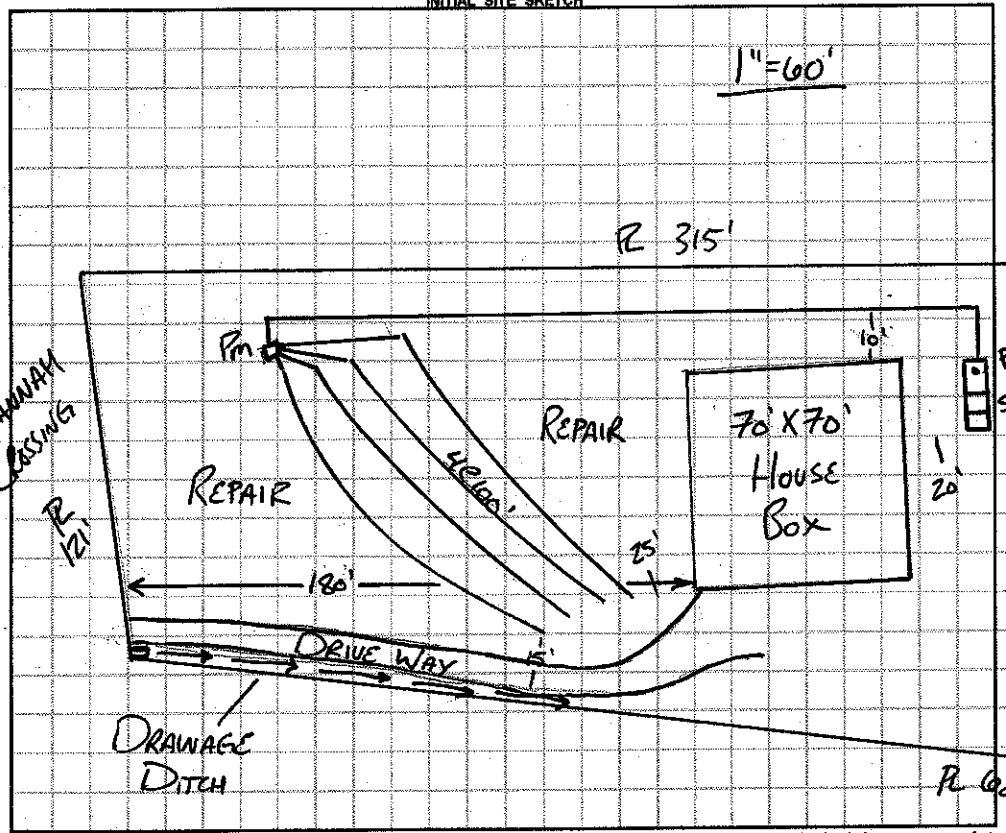
No. Bedrooms 4 | No. Persons | No. Employees | ☐ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

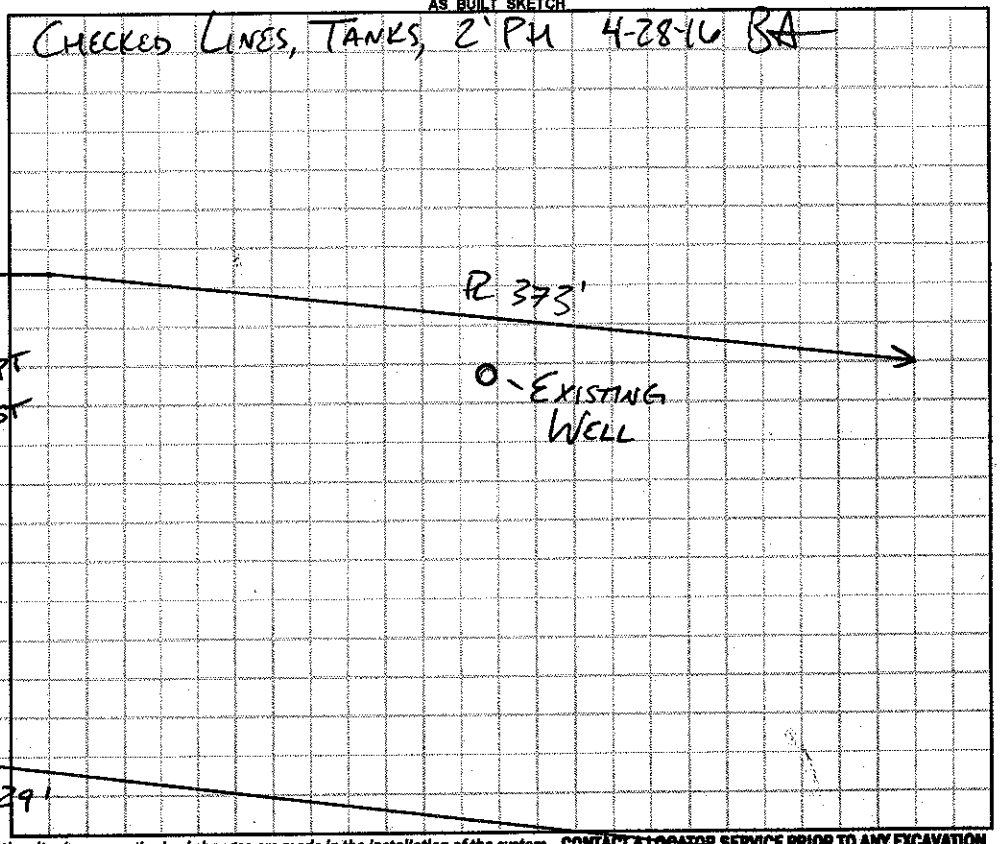
Comments / Conditions:

Installed as Shown's
Lines Have More Curve
1 1/2" SCH40 Tabs
Set 2' Head

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: 04-04-15

IMPROVEMENT PERMIT by: APPROVED Date: MAY 30 2015

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: MAY 30 2015

Installed by: Caldwell

OPERATION PERMIT by: RS Date: 5/16/16

Existing System Inspected by: Date:

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