BK 2130

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177589 ✓

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

PIN # 4684-09-3305

APPLICANT: DANIEL & VICKY SMITH APPLICANT ADDRESS: 512 CLEARWATER DR.

SITE ADDRESS: 164 RUSTIC RD. PHONE: 704-361-1948 ALT. PHONE:

SITE DIRECTIONS: PATTERSON FARM RD.

SUBDIVISION: SECTION: LOT # LOT AREA: 3.115 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1000 (gal) STB 160 Date 3-27-14 — ☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI — ☒ Residence No. Bedrooms 4 — Water Supply: ☒ Private

Pump Tank (gal) PT Date — System Description: 25% REDUCTION — ☐ Business No. Persons 8 — ☐ Public

Pump Make Model Serial # — Repair System Description: SAME — ☐ Other No. Employees — ☐ Community

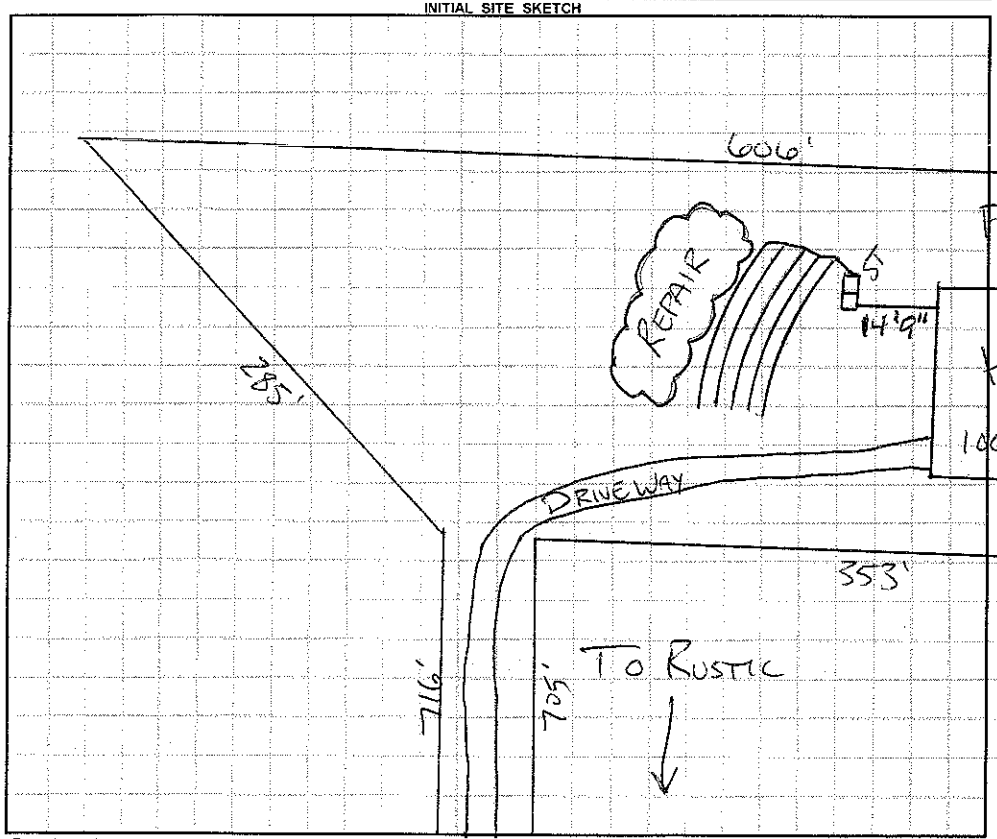
Nitrification Fields 1 # Lines 3@96' Linear Ft: 480' — Maintenance Agreement Required: ☐ YES ☒ NO — ☐ Slab ☒ Crawl Space

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth — ☒ GRAVITY ☐ PRESSURE — ☐ Basement w/plumbing ☐ Basement w/o plumbing

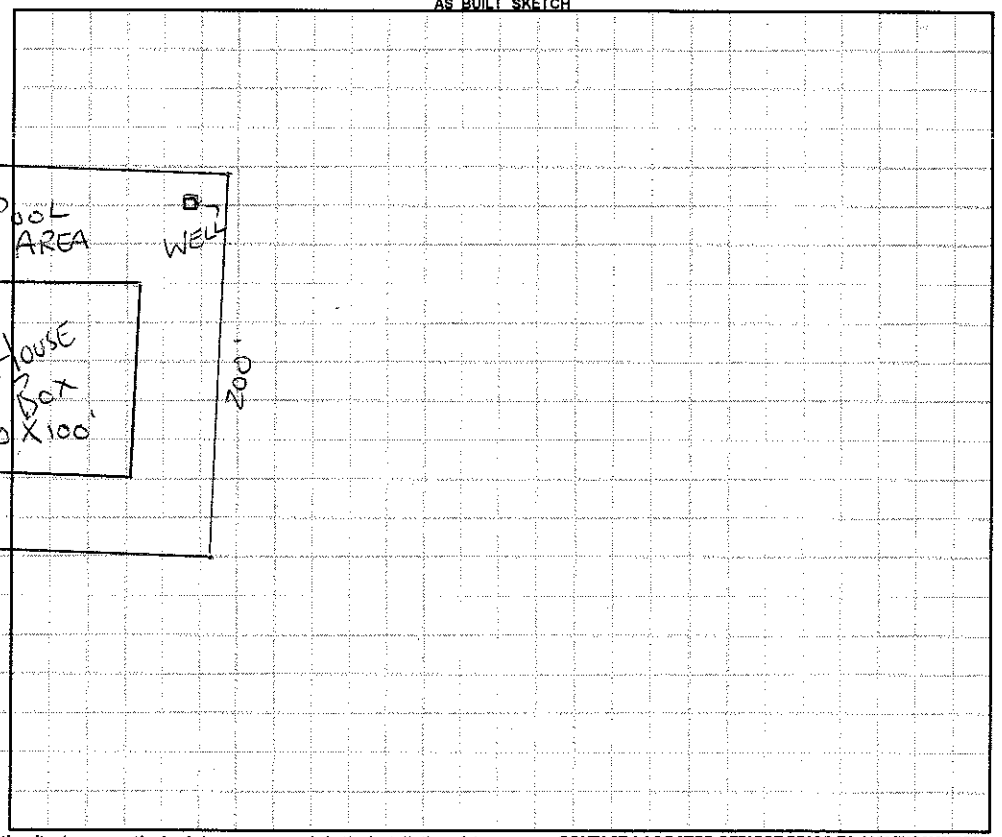
Comments / Conditions: SEPTIC MUST BE 100' FROM WELL
POOL MUST BE 15' FROM SEPTIC
ST from Gamewell Septic.

Cert #1697
Installed Infiltrator Quick 25 chambers per ditch
ST 14ft 9" from House

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: 11-15-13 Installed by: K & M Grading (Kevin Johnson)

IMPROVEMENT PERMIT by: Date: 11-7-13 OPERATION PERMIT by: Date: 5/5/14

AUTHORIZATION TO CONSTRUCT by: Date: 11-7-13 Existing System Inspected by: Date:

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