IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 20775Z

APPLICANT: Kevin Powell APPLICANT ADDRESS: 360 Powell Rd.

SITE ADDRESS: 613 Lewis Ferry Rd. PHONE: 828-302-0758 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 70 W TL Old Mtn Rd. TR Lewis Ferry Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.0 acre PIN # 4702683625

Septic Tank 1050 (gal) STB 160-1000 Date 11-5-14

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 4 Linear Ft: 340

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type: I II III IV V VI

System Description:

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☐ NO

☐ GRAVITY ☐ PRESSURE

DESIGN FLOW: 360gpd L.T.A.R.: 0.25

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees ____

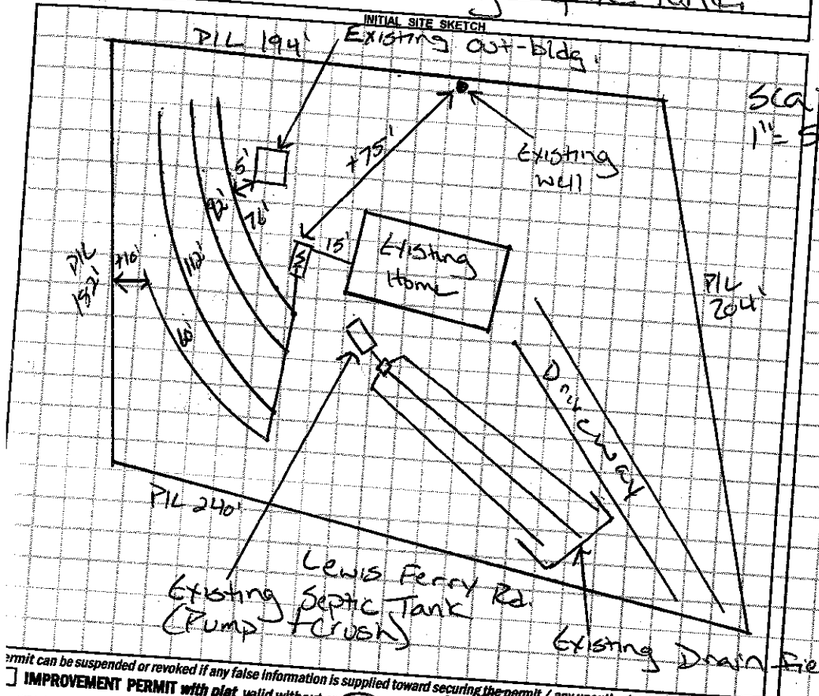
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Pump & crush existing septic tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1"=50'

- Red polylok filters installed
- 3" PVC
- Quick 4 Chambers installed
- Installed as drawn

ermit 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.

mer / Applicant Signature: Kevin Powell Date: 2-12-15 Installed by: K & M Grading

PROVEMENT PERMIT by: Justin Henderson Date: 2-7-15 OPERATION PERMIT by: Justin Henderson Date: 2-16-15

THORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-7-15 Existing System Inspected by: ____ Date: ____

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

05126

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR ARDUINO PALONBI DATE 9-15-86. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west T.R. on Eupla Rd. - then T.R. on Lewis Ferry Rd. - approx. 1/4 mi. on R. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. Pt. 3 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) DOUBLEWIDE Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Prov. Suitable.

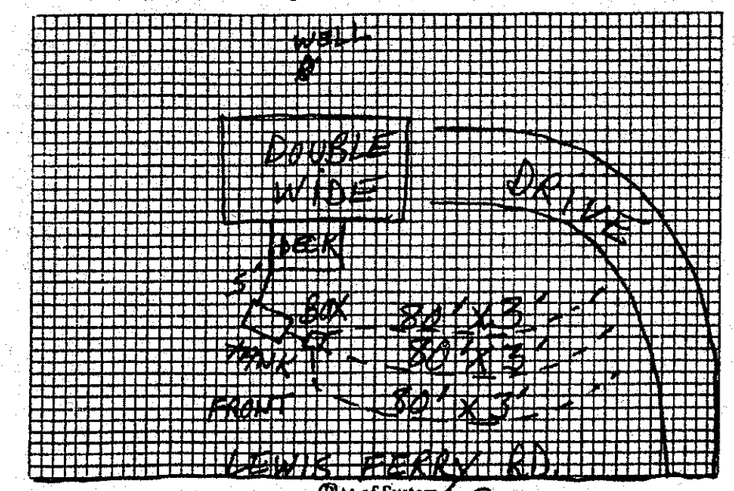
Percolation Rate 5 min./1 in. 1 sq. ft.

Topography 2-6%

Depth to Water Table 18+

Rock or other impervious formations scattered rock.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Forrest Shuford

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-15-86.

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold