IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 203729

APPLICANT: Abee's Clearing + Grading APPLICANT ADDRESS: 2381 US Hwy 64 W

SITE ADDRESS: 134 Adkins Ln. PIN # 4703573120

SITE DIRECTIONS: Hwy 70W TR Shady Rest, TR Adkins Ln. PHONE: 704-239-3693 ALT. PHONE: N/A

SUBDIVISION: Morrow Meadows SECTION: N/A LOT # 32 LOT AREA: 0.6 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.2

Septic Tank	1000 (gal)	STB	760	Date	6-12-14	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction
Pump Make	N/A	Model	Poly Lok	Serial #	PL-68	Repair System Description:	50% Reduction
# Nitrification Fields	1	# Lines	5	Linear Ft:	450	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY ☐ PRESSURE

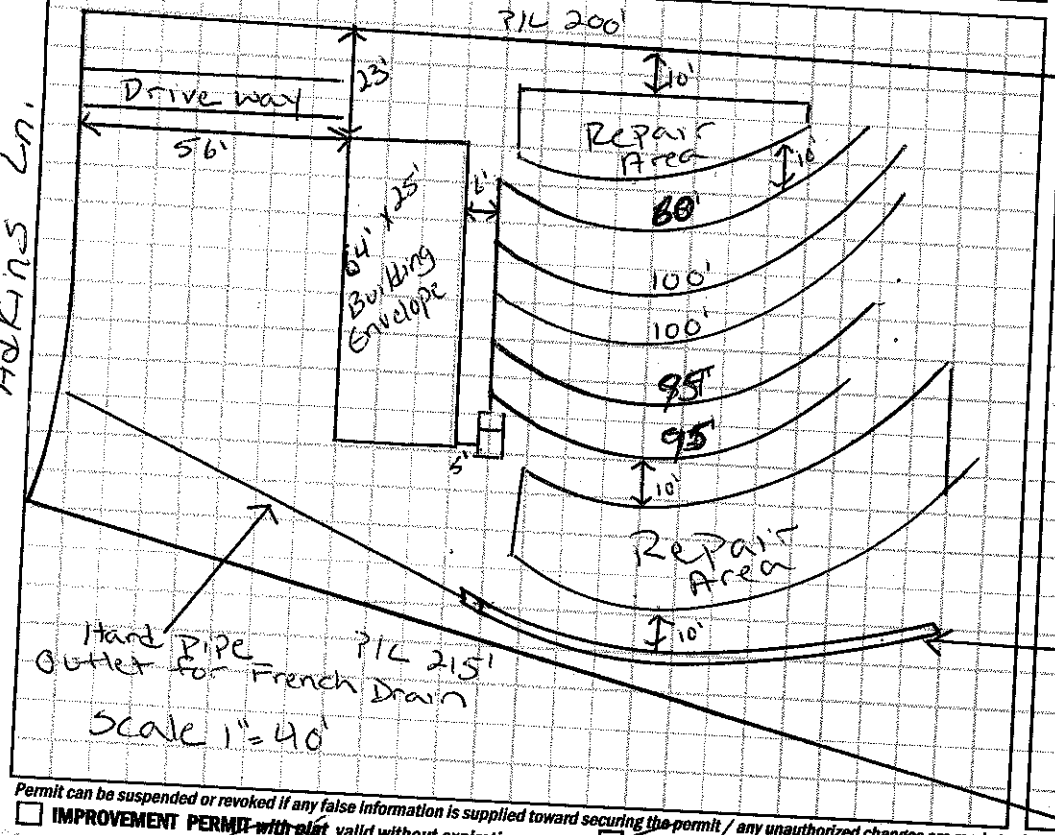
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ___ ☑ Crawl Space ☐ Basement w/o plumbing

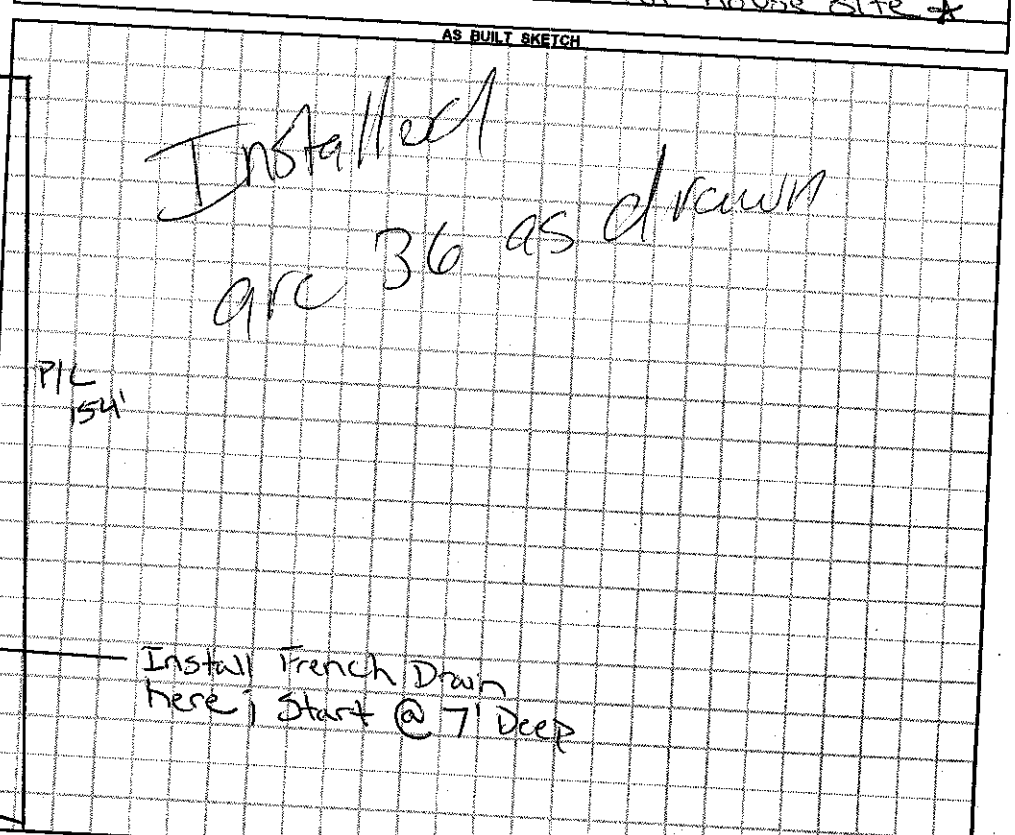
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Install a French drain @ location shown below. Install French drain @ 7' deep around drainfield then hard pipe outlet to storm water diversion ditch @ road. ★ Do NOT Cut more than 1 Foot for house site ★

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: Deeral Abee Date: 7/1/14 Installed by: Abee Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 6-27-14 OPERATION PERMIT by: [signature] Date: 7/7/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 6-27-14 Existing System Inspected by: ___ Date: ___

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