IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218749

BA

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

PIN # 4711-98-4525

APPLICANT: Daniel Ford APPLICANT ADDRESS: 7537 Chasewater Dr. Harrisburg, NC 28075

SITE ADDRESS: 114 High Springs Ct. Statesville, NC 28677 PHONE: 704-608-6376 ALT. PHONE:

SITE DIRECTIONS: Buffalo Shoals Rd W from Statesville → L on Enfola Rd → R on Amber Lane → L on Aubry Dr → R on High Springs

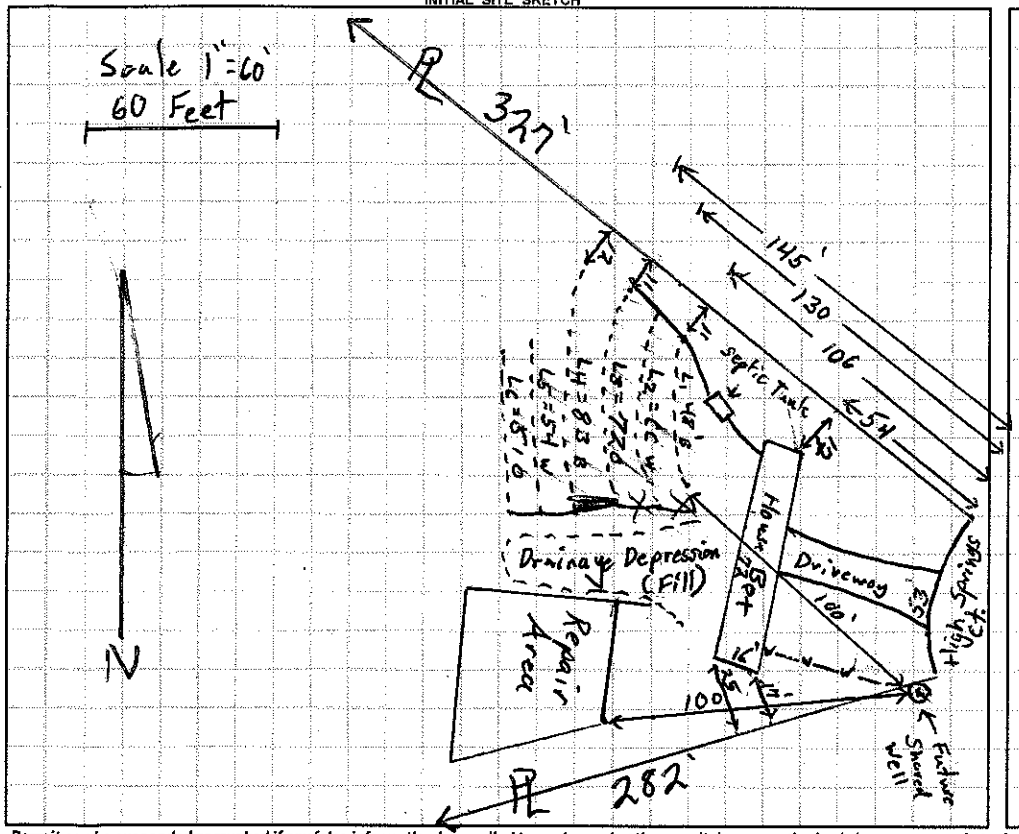
SUBDIVISION: Anthony Day Estates SECTION: — LOT # 9 LOT AREA: 1.225 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.

Septic Tank	1000	(gal)	STB	160	Date	12-13-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction			
Pump Make	—		Model	Polylok	Serial #	PT 605	Repair System Description:	LP-PPBPS 50% Reduction			
# Nitrification Fields	1		# Lines	6	Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Max. Trench Bottom Depth	31" [low side]	Gravel Depth			☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private Shared
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Drainage depression below house to be filled. Though ±371 l.f. of pine has been laid out, only 360 if need be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quick as drawn

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: [signature] Date: 10/6/16 Installed by: Sherman Dunn

IMPROVEMENT PERMIT by: Tom Shook Date: 9-30-16 OPERATION PERMIT by: [signature] Date: 03/09/17

AUTHORIZATION TO CONSTRUCT by: Tom Shook Date: 10-6-2016 Existing System Inspected by: Date:

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