IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206530

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

PIN # 4719736970

APPLICANT: Jamie Hill APPLICANT ADDRESS: 184 Hill Dairy Rd.

SITE ADDRESS: 160 Huff Rd. PHONE: 704-437-1916 ALT. PHONE: N/A

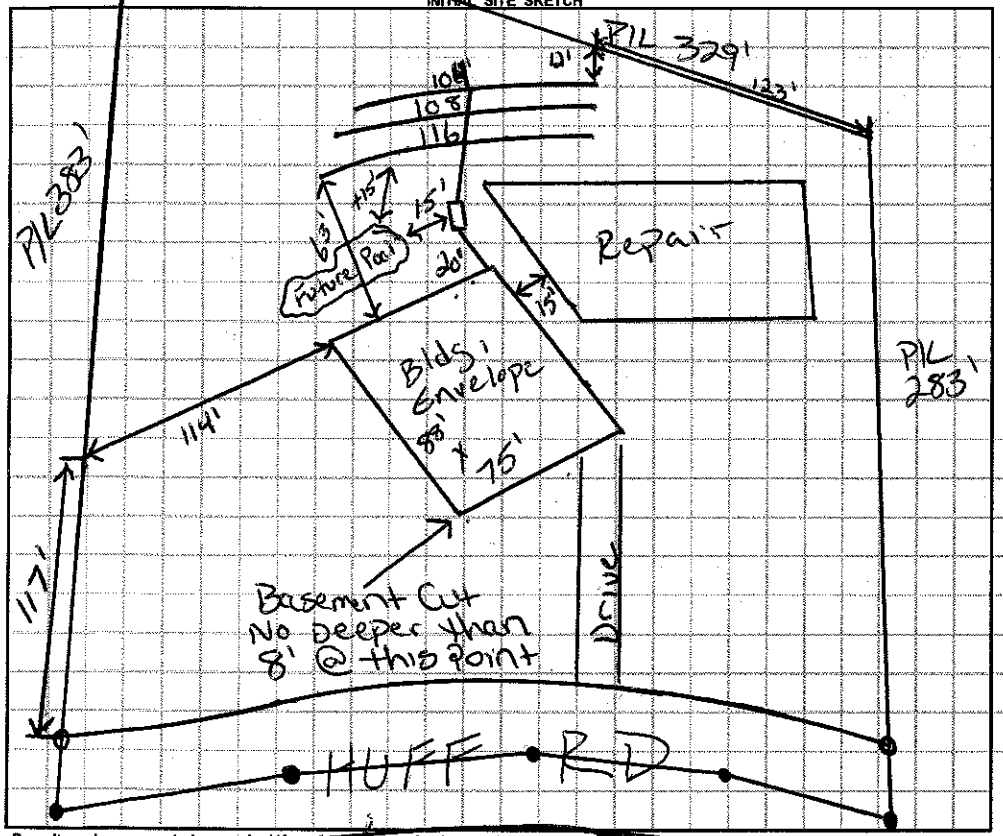
SITE DIRECTIONS: Hwy 115 N TL Hill Dairy Rd TR Huff Rd Property on Right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 2.43 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.275

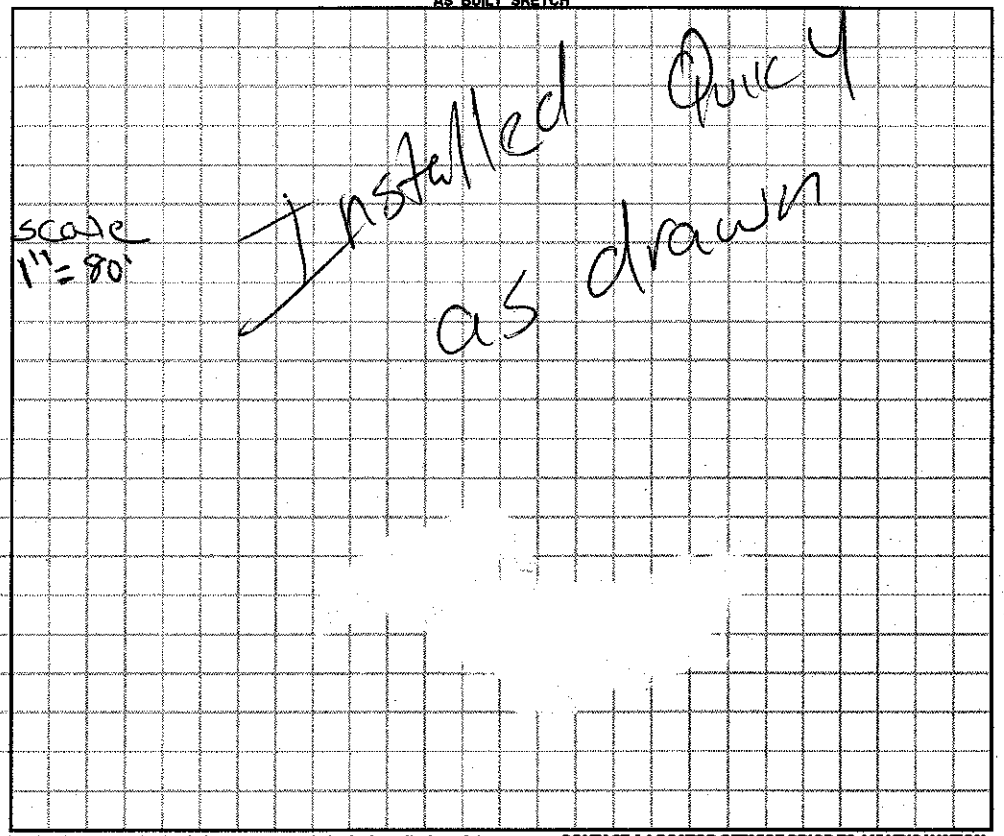
Septic Tank	1000	(gal)	STB	760	Date	6-2015	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	6	☑ Private
Pump Make		Model			Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft:	328'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	34"		Gravel Depth	N/A		☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution.

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: [signature] Date: 12-22-14 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Justin Henderson Date: 12-12-14 OPERATION PERMIT by: [signature] Date: 09/16/15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 12-19-14 Existing System Inspected by: Date:

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