2:00

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 158995 PIN # 4720389570 DATE 11-17-09

OWNER or APPLICANT Julie Duchinski PHONE: Business 704 450 4170 Home: 704 528 9537

OWNER or APPLICANT ADDRESS 131 St. Martins Lane

LOCATION / DIRECTIONS 2105 toward Troutman, (R) on Old Mountain Road, (L) on East Maple Road, (L) on Hudspeth, on (R)

SUBDIVISION n/a BLOCK / SECTION n/a LOT # n/a LOT AREA 9 DESIGN FLOW 480 L.T.A.R. .25

Septic Tank 1000 Gallons: STB 1012 Date 10-30-17

Pump Tank ____ Gallons: P.T ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Field No Fields 1 No Lines 4 Linear Feet 480 total

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: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☐ Crawl Space

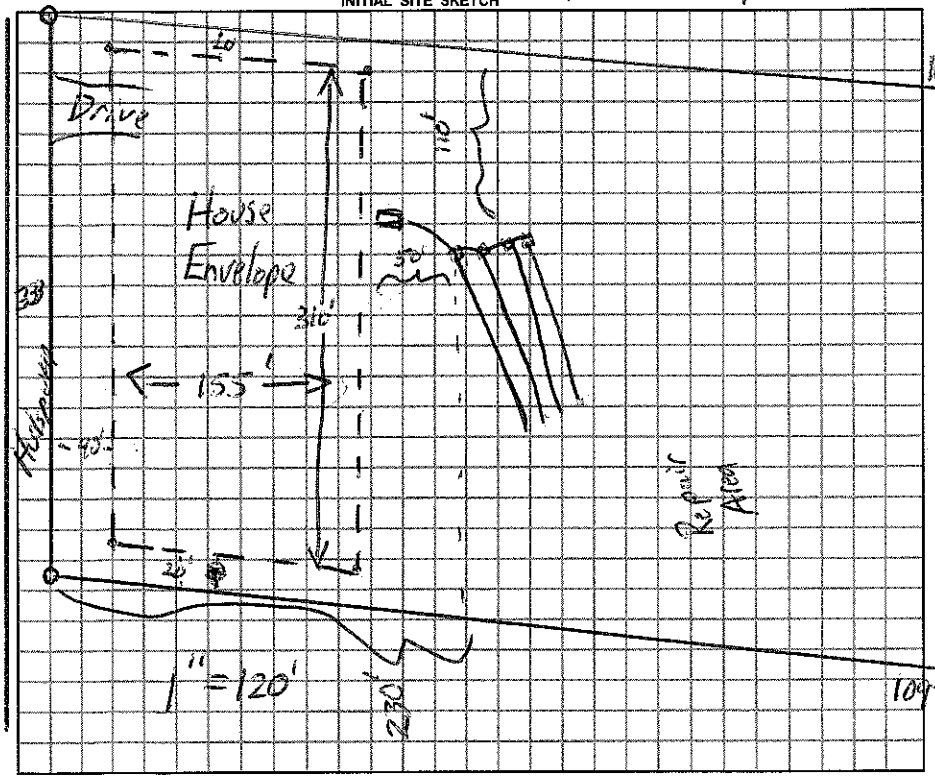
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

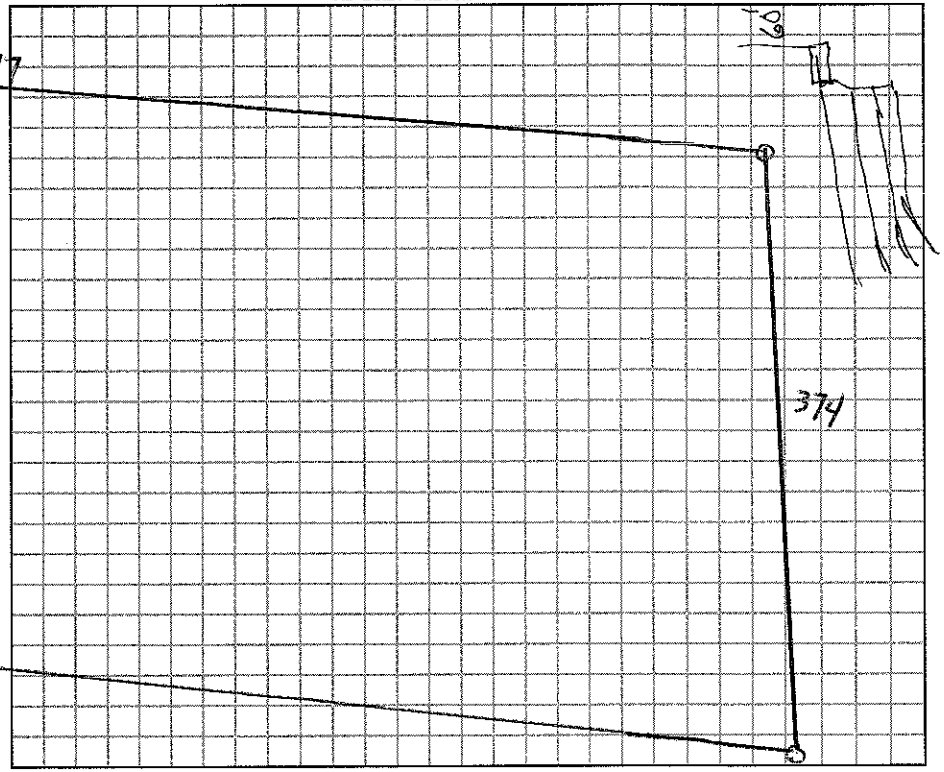
Comments / Conditions
- Must use drophoxes
- (4) 120' lines
- well area must exceed 25' from home or any foundations, 100' from all parts of septic

Comments / Conditions
- well permit must be applied for separately

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.

☒ IMPROVEMENT PERMIT w / plat valid without expiration. ☒ IMPROVEMENT PERMIT w / site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: Julie Duchinski Date 11-18-09

Improvement Permit by: [signature] Date 11-17-09

Authorization to Construct by: [signature] Date 11-17-09

Installed by: Groundbreakers

Operation Permit by: [signature] Date: 6-20-13

Existing System Inspected by: ____ Date: ____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant