IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206660

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

PIN # 4722047555 2585

APPLICANT: Adrienne Nicholson APPLICANT ADDRESS: 2183 Josiah Dr Lenoir NC

SITE ADDRESS: 1845 Buffalo Shoals Rd Statesville NC 28677 PHONE: 828-750-5759 ALT. PHONE: 704-838-4031

SITE DIRECT: Hwy 40 to exit 144 T/L 60 5 miles T/R Buffalo Shoals Lot on left.

SUBDIVISION: N/A SECTION: N/A LOT # 2 LOT AREA: 3.12ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 760 Date 4-27-15
Pump Tank N/A (gal) PT N/A Date N/A
Pump Make N/A Model Poly-Flo Serial # PF-69
Nitrification Fields 1 # Lines 3 Linear Ft: 360
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

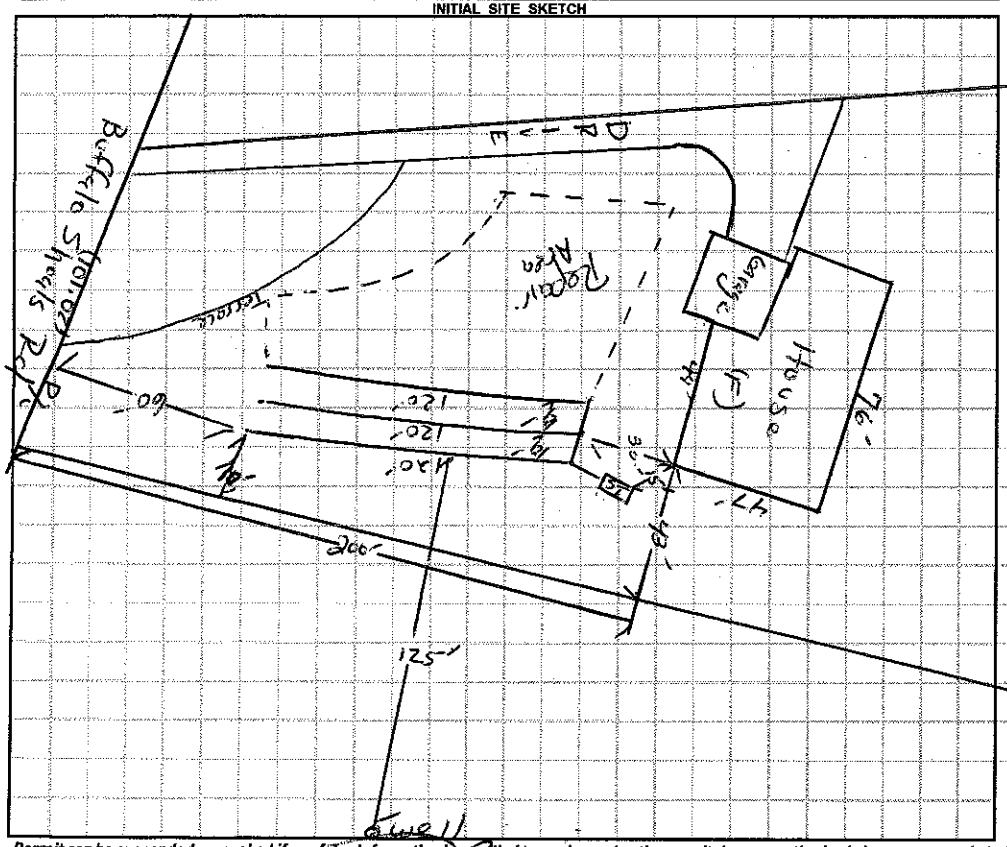
☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

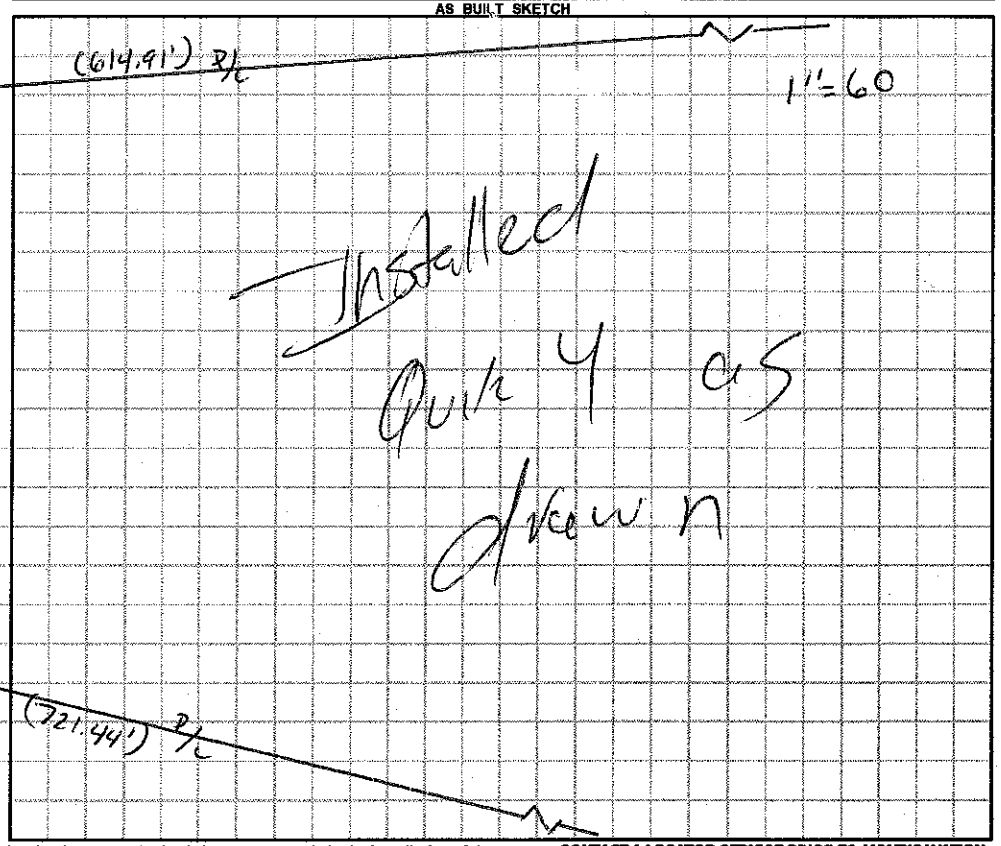
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install 25% reduction on center with serial distribution. Maintain 36" trench depth to overcome topography

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: Date: 12-15-14 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Date: 12/03/14 OPERATION PERMIT by: Date: 07/3/15

AUTHORIZATION TO CONSTRUCT by: Date: 12/5/14 Existing System Inspected by: Date:

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