IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204081

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

PIN # 4724185435

APPLICANT: Robin Pharr APPLICANT ADDRESS: 446 Island Ford Rd Statesville, NC 28625

SITE ADDRESS: 446 Island Ford Rd PHONE: (704) 402 7502 ALT. PHONE: N/A

SITE DIRECTIONS: Go 40 W Exit Hwy 64/90 TR on Taylorsville Rd TL on Island Ford Rd lot on right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1 ac. DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank ~~1000~~ (gal) STB 102 Date 12/5
Pump Tank N/A (gal) PT Hydro Date N/A
Pump Make N/A Model Hydro Serial # EF-41
Nitrification Fields 1 # Lines 4 Linear Ft: 360
Trench Width 36" Max. Trench Bottom Depth 24" Gravel Depth N/A chamber

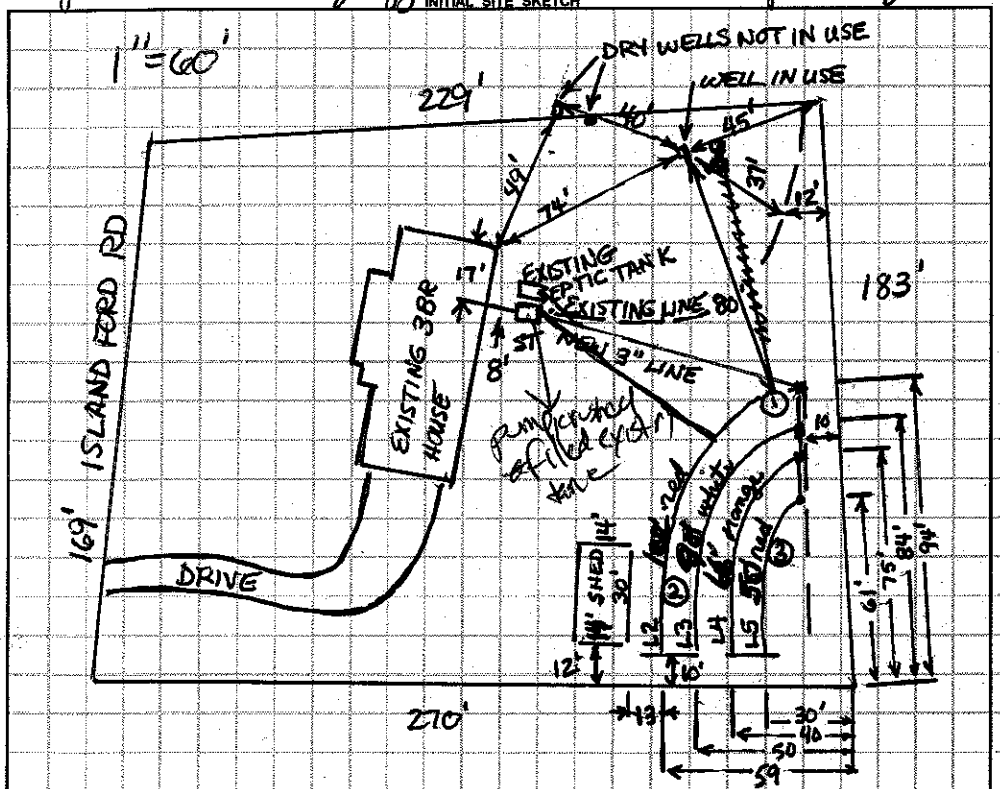
☐ New System ☑ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 4 lines gravity 25% reduct
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ 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: Disconnect and abandon existing drainline It is too close to existing well(s). Check tank to be sure tee is present and in good condition or repair/replace tee. Repair lines are flagged +-2 (12-5). Some parts of drain lines centers spacing are as close as 8' on centers to optimize available area for repair.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Quik 4 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: Robin Pharr Date: 1/23/15 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Richard Farris Date: 12/5/14 OPERATION PERMIT by: [signature] Date: 08/05/15

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

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