IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☑ STATESVILLE OFFICE 704-878-5305 ☐ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 175813 PIN # 4726620054 DATE 11-7-12

OWNER Jennifer Haden APPLICANT: Casey Jolly PHONE: Home/Cell # 704-980-3728 Business # N/A

SITE ADDRESS 184 Doe Trail Ln. OWNER / APPLICANT ADDRESS 184 Doe Trail Ln

SITE DIRECTIONS 115 N TL Scotts Creek Rd. TL Miller Farm Rd. TR Doe Trail Ln

SUBDIVISION DEER CROFT BLOCK / SECTION 1 LOT # 16 LOT AREA 0.51 ACRE DESIGN FLOW 360 L.T.A.R. Existing

Septic Tank Existing Gallons: STB ____ Date ____

Pump Tank ____ Gallons: P T ____ Date ____

Pump Make ____ Model ____ Serial # ____

No. Nitrification Fields: 1 No. Lines 5 Linear Feet 400

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth Existing

☐ New System ☐ Repair ☐ Expansion System Type I ☐ III IV V VI

System Description: Conventional

Repair System Description: Low Pressure Panel (PPBPS)

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons ____

☐ Other No. Employees ____

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

- Accessory Building is a minimum of 5' from all components of septic tank system & repair areas
- Existing Storage building is partially on existing drainfield; Existing Deck is too close to septic tank

INITIAL SITE SKETCH

☆ - Repair system is now designated for Low Pressure PPBPS or other 50% Reduction system

Doe Trl

Repair

AS BUILT SKETCH

Scale ~ 1" = 40'

Existing 12' X 12' storage building

Existing septic tank

Repair Existing drainfield

Driveway

Existing House

Repair

10'

15'

15'

12' X 24' Accessory Building

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*** *with plat valid without expiration.* ☐ ***IMPROVEMENT PERMIT*** *with plat ~~valid without expiration.~~ site plan valid 60 mo.* ☐ ***AUTHORIZATION TO CONSTRUCT*** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature [signature] Date 11/8/12 Installed by: ____

IMPROVEMENT PERMIT by: ____ ***REHS*** Date ____ OPERATION PERMIT by: ____ ***REHS*** Date ____

AUTHORIZATION TO CONSTRUCT by: ____ ***REHS*** Date ____ Existing System Inspected by: Justin Henderson ***REHS*** Date 11-7-12

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant