IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 211440

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

PIN # 4734-31-7019

APPLICANT: SEDGEWICK HOMES APPLICANT ADDRESS: 117 N. CENTER ST. STATESVILLE

SITE ADDRESS: 1105 JOHNSON DR. STATESVILLE PHONE: 704-838-6108 ALT. PHONE:

SITE DIRECTIONS: HWY 70 TO BUFFALO SHOALS, TR JOHNSON, 1ST ON LEFT

SUBDIVISION: NA SECTION: NA LOT # NA LOT AREA: 2AC DESIGN FLOW: 225 L.T.A.R.: .25

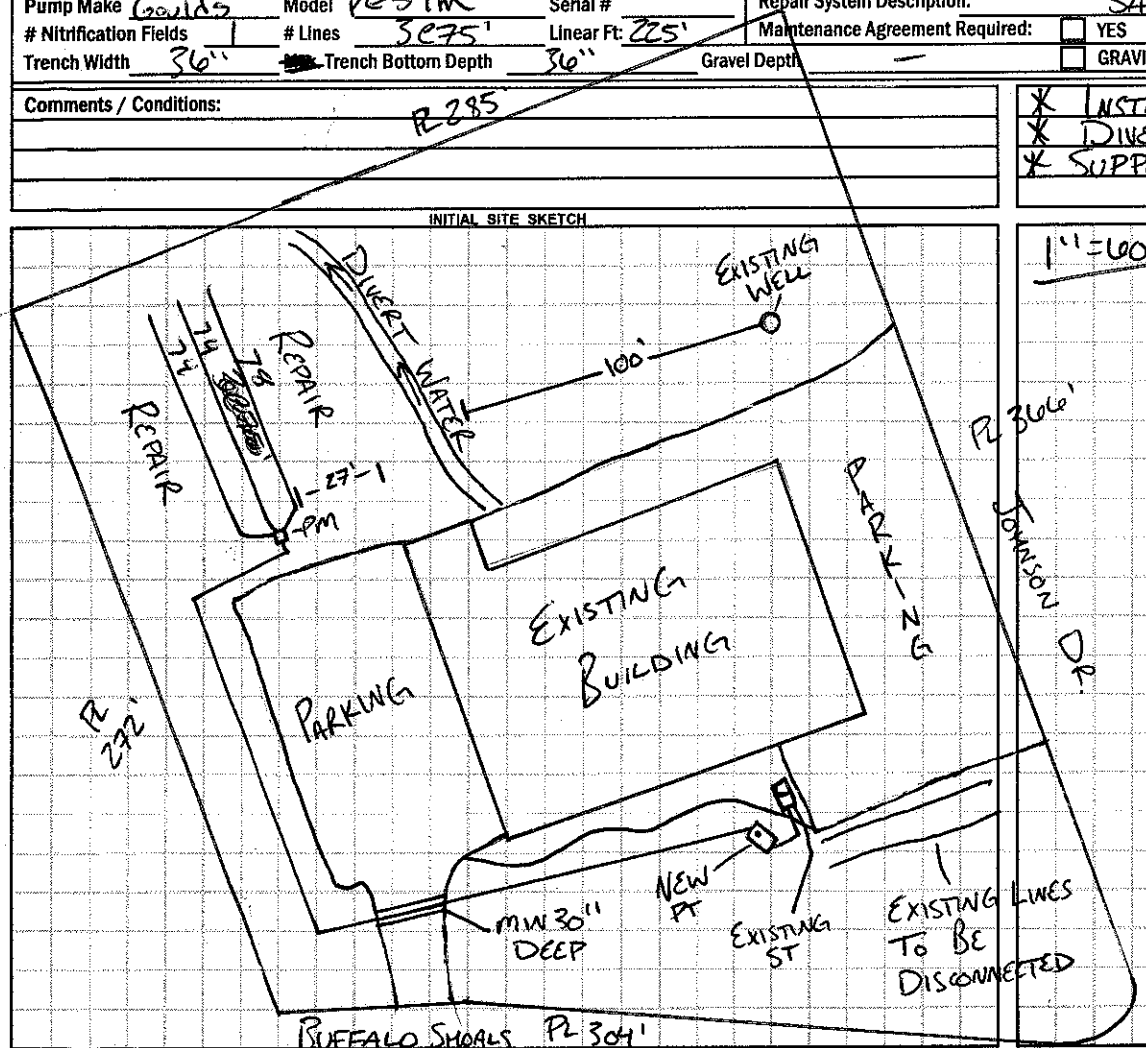
Septic Tank	EXISTING (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III)B IV V VI	☐ Residence	No. Bedrooms		Water Supply
Pump Tank	1000 (gal)	PT 363-1000	Date 7-7	System Description: PM 25% REDUCTION	☒ Business	No. Persons		☒ Private
Pump Make	Goulds Model	PE51M	Serial #	Repair System Description: SAME	☐ Other	No. Employees	9	☐ Public
# Nitrification Fields	1 # Lines	3@75'	Linear Ft: 225'	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth	36"	Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

R 285'

* INSTALL @ 36" TRENCH BOTTOM *
* DIVERT WATER AROUND DRAIN FIELD *
* SUPPLY LINE MUST BE MIN 30" UNDER DRIVE *

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=60'

Owner/Applicant SEDGEWICK

EHS pd Parcel BA

Amount Owed $ 700

- QUICK 4 CHAMBERS installed
- QUICK 4 TAP installed
- ½" SCH 40

	Date	Initials
Drain Lines Checked	8-31-15	JH
Tanks Checked	8-31-15	JH
Pressure Manifold or Valve Box Checked	8-31-15	JH
Pressure Head Set	9/17/15	SC
Electrical Checked	9/17/15	SC
Floats Set	9/17/15	SC
Alarm Checked	9/17/15	SC
Maintenance Contract Y / N	N/A	

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: 7-9-15 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: APPROVED Date: JUL 02 2015 OPERATION PERMIT by: Date: 9/17/15

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: JUL 02 2015 Existing System Inspected by: Date:

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