IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177085

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

PIN # 4736681133

APPLICANT: Burl & Nancy Hutchison APPLICANT ADDRESS: 2555 S. Chipley Ford Rd.

SITE ADDRESS: 2555 S. Chipley Ford Rd. PHONE: 704-876-1153 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TR S. Chipley Ford Rd.

SUBDIVISION: Chipley Park SECTION: M2 LOT # 164-171 LOT AREA: .99 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	Existing (gal)	STB		Date	
Pump Tank	1000 (gal)	PT	363	Date	7-7
Pump Make	Goulds	Model	PE51M	Serial #	31349160
# Nitrification Fields	1	# Lines	3	Linear Ft:	~~600~~ 288
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:

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

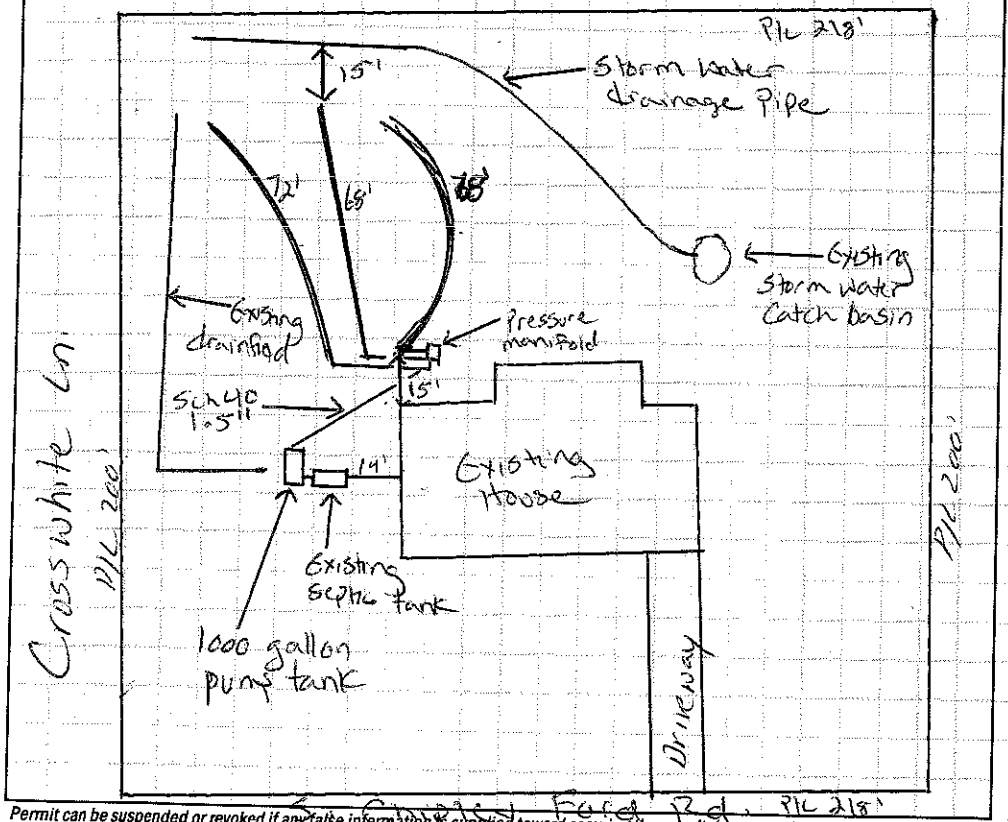
No. Bedrooms 3 No. Persons ___ No. Employees ___

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with parallel distribution. Replace septic tank if needed. Re-route storm water drain~~age~~ pipe to location shown below.

Quick 4 Chambers installed

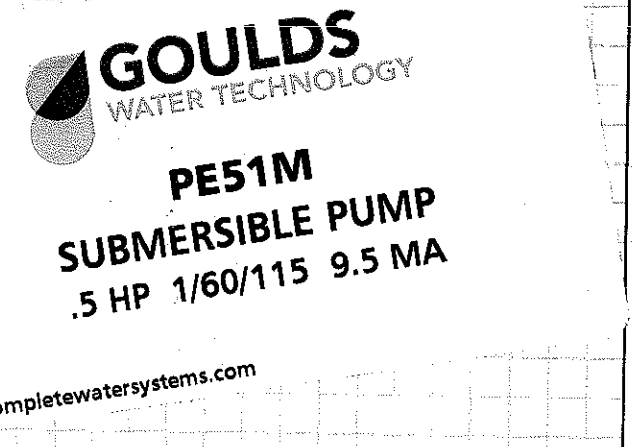
INITIAL SITE SKETCH



AS BUILT SKETCH

Scale: 1"=50'

Installed 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: _____ Date: 2-19-13 Installed by: A1 Backhoe

IMPROVEMENT PERMIT by: _____ Date: 2-19-13 OPERATION PERMIT by: _____ Date: 4-9-13

AUTHORIZATION TO CONSTRUCT by: _____ Date: 2-19-13 Existing System Inspected by: _____ Date: _____

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