IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206021

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

PIN # 4736806321

APPLICANT: David Martin INC APPLICANT ADDRESS: PO Box 6105 Statesville

SITE ADDRESS: 157 Natures Trail PHONE: 704-202-9595 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 115 N TR S Chipley Ford Rd TR Fort Dobbs Rd TL Natures Trail

SUBDIVISION: Dobbs Valley SECTION: N/A LOT # 17 LOT AREA: 1.153 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.625

Septic Tank 1000 (gal) STB 760 Date 1-23-15
Pump Tank 1000 (gal) PT 363 Date 2-12-15
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 5 Linear Ft: 480
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

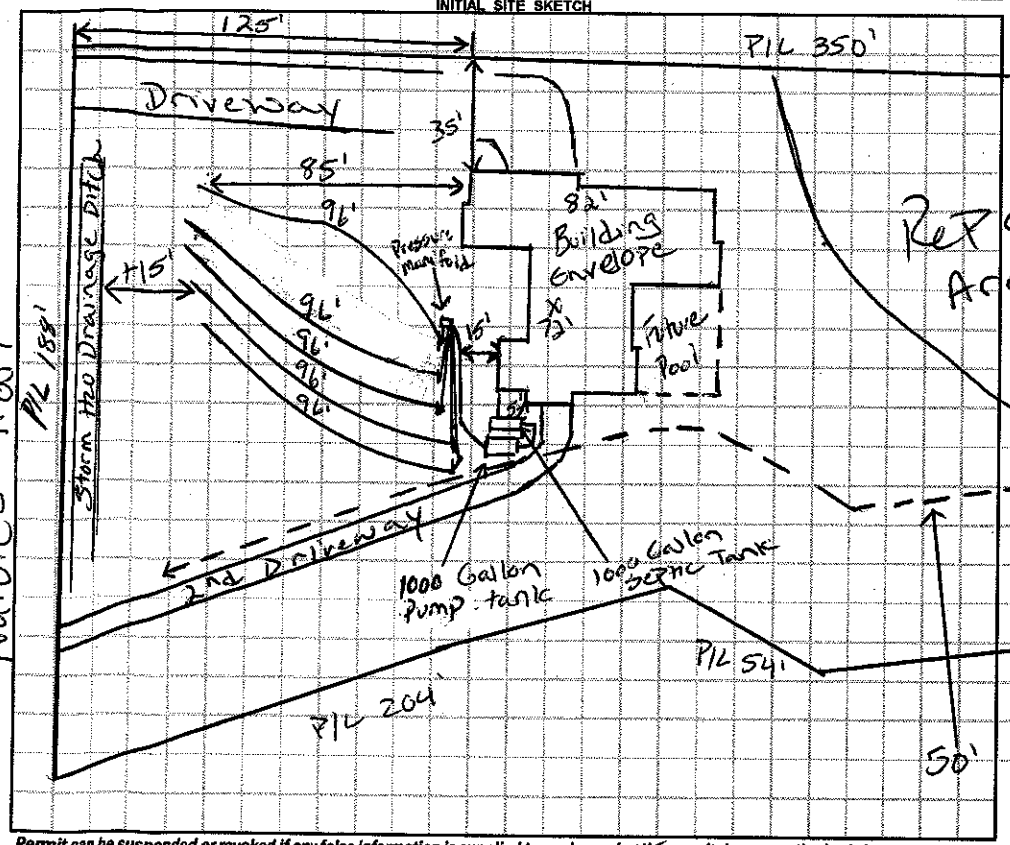
☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

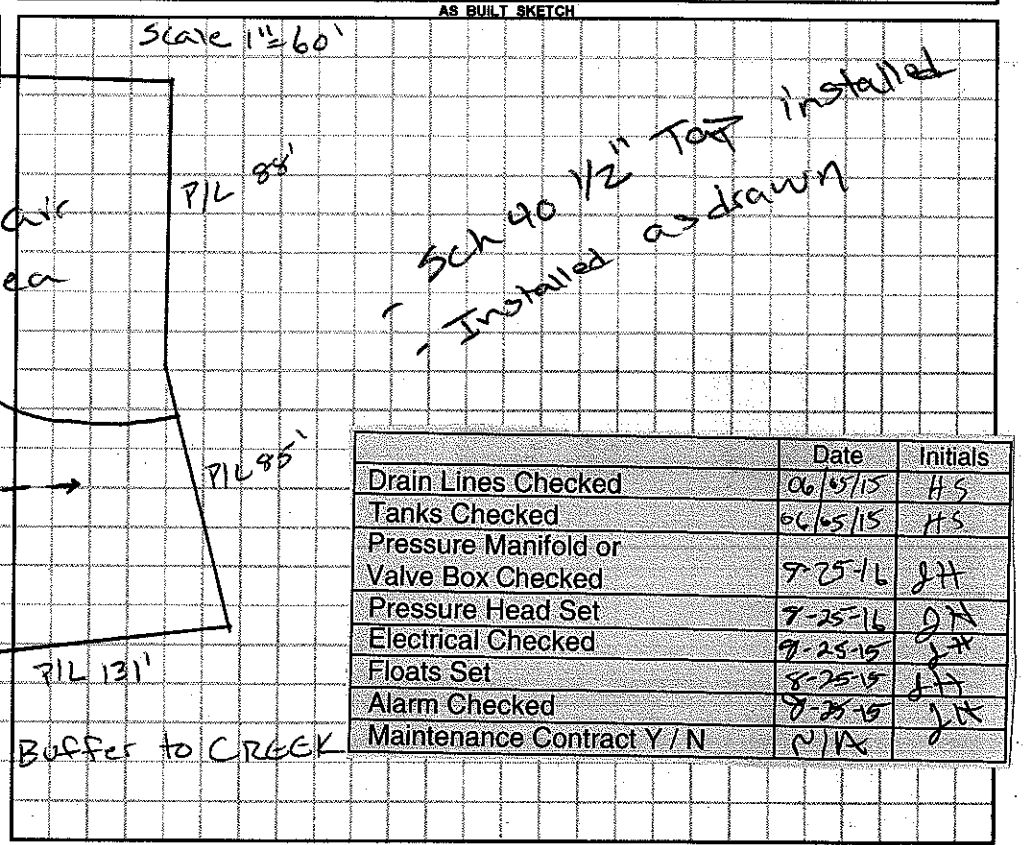
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction on contour with parallel distribution, utilizing a pressure manifold. ~~INSTALL~~ Trench Bottom @ 36" ~~A~~

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	06/05/15	HS
Tanks Checked	06/05/15	HS
Pressure Manifold or Valve Box Checked	7-25-16	JH
Pressure Head Set	7-25-16	JH
Electrical Checked	7-25-15	JH
Floats Set	8-25-15	JH
Alarm Checked	8-25-15	JH
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: [signature] Date: 10/22/14 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: [signature] Date: 10-21-14 OPERATION PERMIT by: [signature] Date: 8-25-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-21-14 Existing System Inspected by: ____ Date: ____

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