2:00 ✓

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 177609

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

PIN # 4740 62 2507

APPLICANT: EL G Investments APPLICANT ADDRESS: 16108 North Point Rd Huntersville 28078

SITE ADDRESS: 136 Hawks Landing Dr Troutman PHONE: 704-578-4951 ALT. PHONE:

SITE DIRECTIONS: 21 N TL Flowerhouse LP TL Hawks Landing on right

SUBDIVISION: Hawks Landing SECTION: LOT # 7 LOT AREA: .544Ac DESIGN FLOW: 360 gpd L.T.A.R.: .3 gpd/ft²

Septic Tank 1000 (gal) STB 760 /1000 Date 6/28/14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft: 300
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA

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

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing
No. Bedrooms 3 No. Persons No. Employees ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

* Do not cut for building pad

5/13/14 Reviewed Floor plans in compliance with original plan

INITIAL SITE SKETCH

See Plan from
The Oaks Group, PA
Approved by ICHD

AS BUILT SKETCH

* Initial install ~ 24" Trench Bottom

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: Kathleen Saunders Date: 4-25-13 Installed by: AL Bachay

IMPROVEMENT PERMIT by: Andy Melville RS Date: 4-19-13 OPERATION PERMIT by: [signature] Date: 8/22/14

AUTHORIZATION TO CONSTRUCT by: Marie H. Dotson RS Date: 5/13/14 Existing System Inspected by: Date:

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