IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206579

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

PIN # 4743118253

APPLICANT: Eric Ward APPLICANT ADDRESS: 127 Abington Ln.

SITE ADDRESS: 151 Apple Valley Ln. PHONE: 704-528-7785 ALT. PHONE: N/A

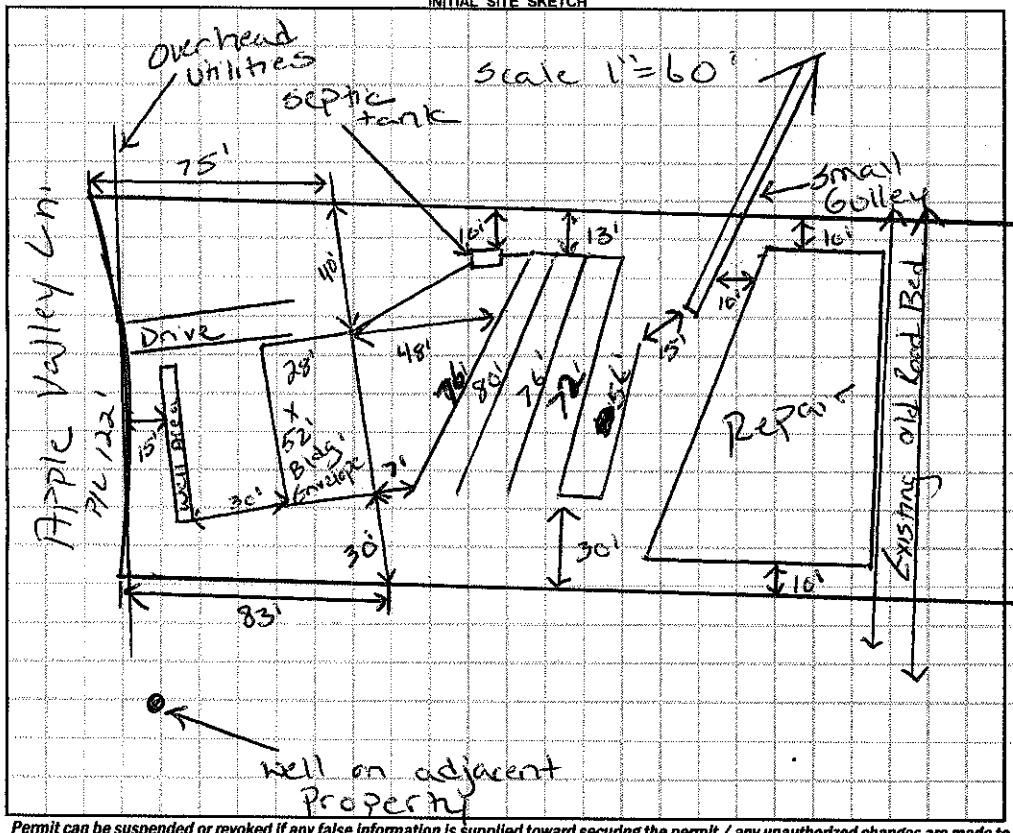
SITE DIRECTIONS: Hwy 215 TL Cumberland TL Blue Bird TR Skyuka TL Arlie Lp to Apple Valley Ln.

SUBDIVISION: Apple Valley SECTION: N/A LOT # 30 LOT AREA: 1.12 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

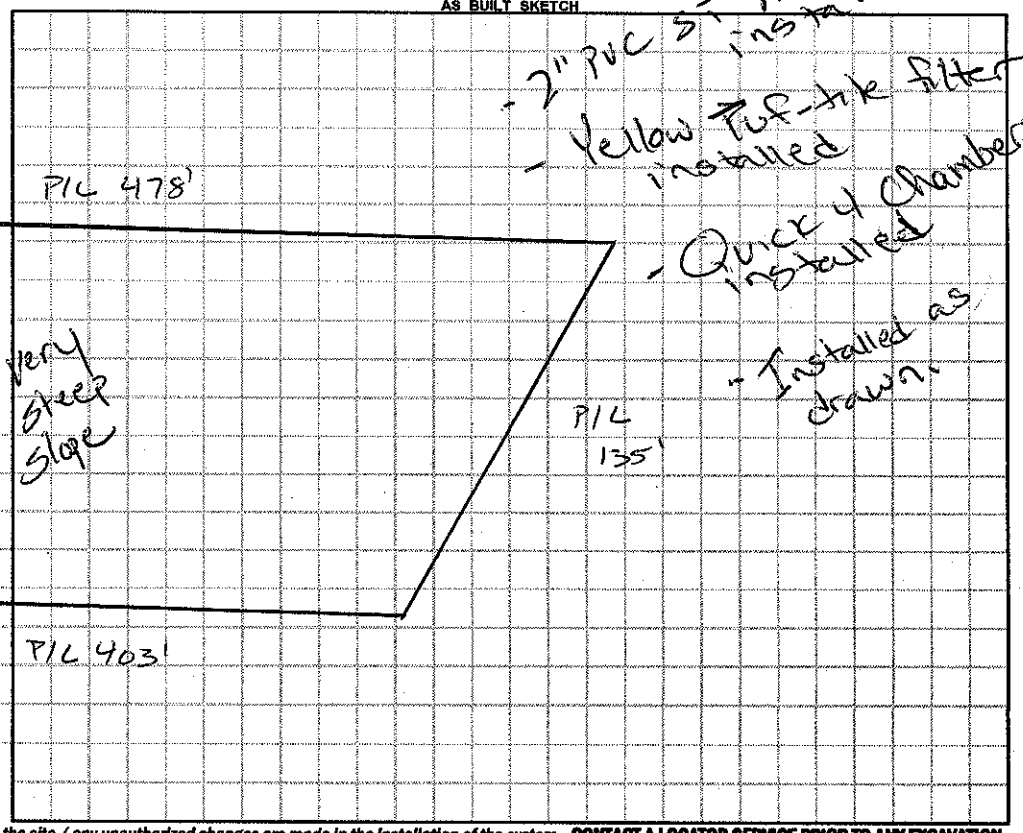
Septic Tank	1000 (gal)	STB	1012	Date	8-6-14	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons	6	☑ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	360	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	28"	Gravel Depth	N/A	☐ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install a 25% Reduction system on contours with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: John Ward Date: Installed by: Tommy Frye

IMPROVEMENT PERMIT by: Justin Henderson Date: 11-21-14 OPERATION PERMIT by: Justin Henderson Date: 12-12-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 11-21-14 Existing System Inspected by: Date:

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