IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 181356 BF

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

PIN # 4749289058

APPLICANT: George McCarl APPLICANT ADDRESS: 3003 Sunflower Dr.

SITE ADDRESS: 464 Bussell Rd. PHONE: 301-831-6491 ALT. PHONE: 704-929-9322

SITE DIRECTIONS: Hwy 115 N TR Friendship Rd TR Bussell Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 20.97 DESIGN FLOW: 100 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	1612-1000	Date	3-17-14	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction
Pump Make		Model		Serial #		Repair System Description:	25% Reduction
# Nitrification Fields	1	# Lines	1	Linear Ft:	100	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE

☑ Residence ☐ Business ☑ Other Shop? ☑ Slab ☐ Basement w/plumbing

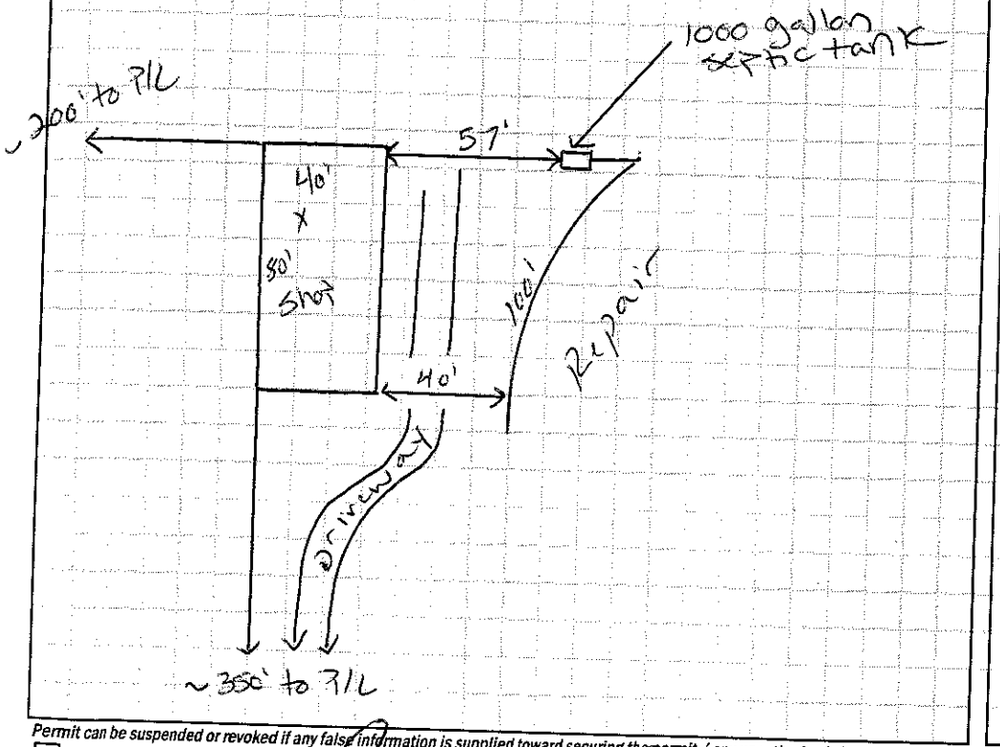
No. Bedrooms ____ No. Persons ____ No. Employees ____ ☐ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install a 25% Reduction System on contour.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Kellow tuf-tite filter installed
- Quick 4 Chambers installed
- 2" PVC tank marker installed
- 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: [signature] Date: 11-13-13 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Justin Henderson Date: 11-8-13 OPERATION PERMIT by: Justin Henderson Date: 6-5-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 11-8-13 Existing System Inspected by: _____ Date: _____

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