IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 10180 GF 208899

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

PIN # 4760244905

APPLICANT: Joseph Kennarly APPLICANT ADDRESS: 124 Sugar Creek Lp Troutman NC 28166 Abee

SITE ADDRESS: 128 Enchanted Ln, Troutman NC 28166 PHONE: 704-239-3693 ALT. PHONE: N/A 336 240 8298

SITE DIRECTIONS: (R) 21/115 (L) Amity Hill Rd (L) Osgalt Amity (R) Weather Crest (C) Enchanted Ln property on right

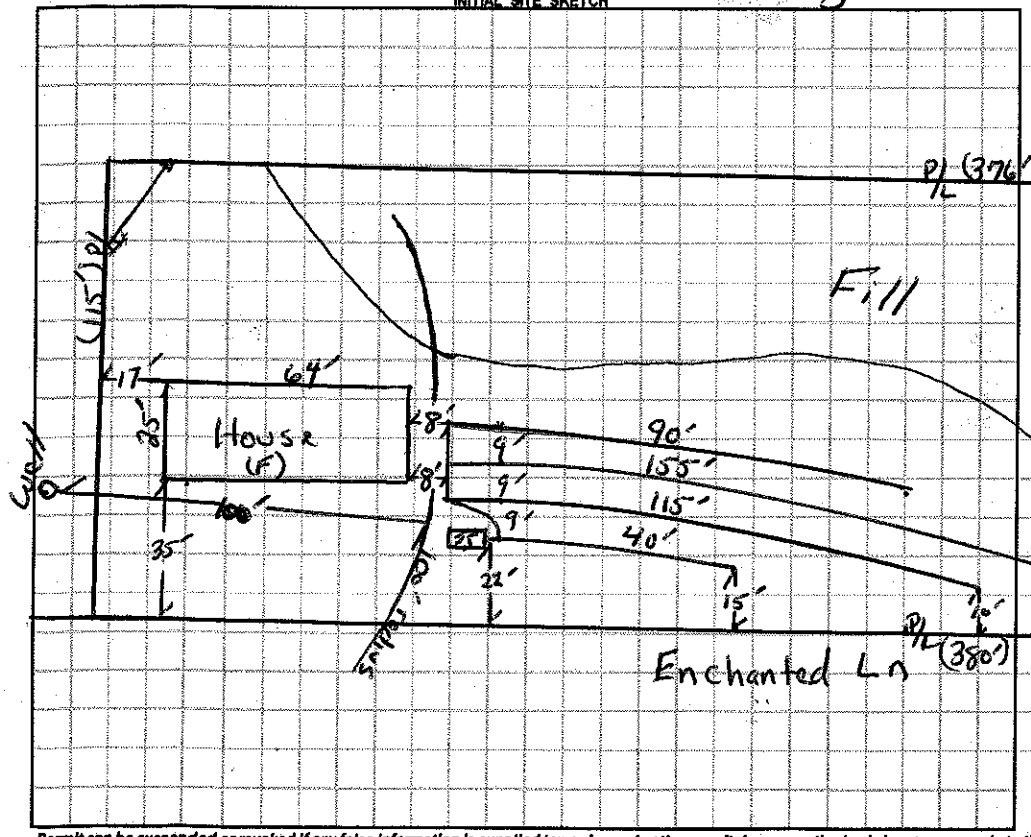
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.970ac DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	160	Date	5-1-15	[X] New System	[ ] Repair	[ ] Expansion	System Type: I [II] III IV V VI	[X] Residence	No. Bedrooms	3	Water Supply			
Pump Tank		(gal)	PT		Date		System Description:	Conventional			[ ] Business	No. Persons	6	[X] Private			
Pump Make			Model		Serial #		Repair System Description:	50% Reduction			[ ] Other	No. Employees		[ ] Public			
# Nitrification Fields	1		# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space		[ ] Community			
Trench Width	36"		Max. Trench Bottom Depth	48"	Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing			[ ] Basement w/o plumbing			

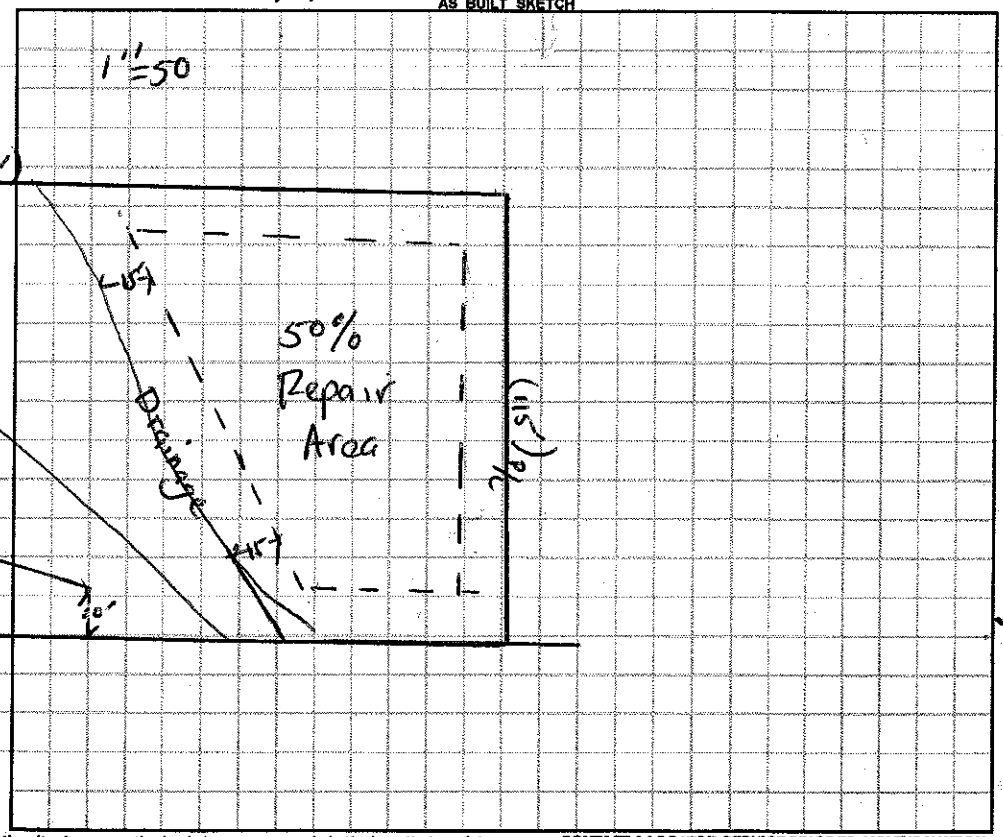
Comments / Conditions: Install 25% reduction or Conventional on contour with serial distribution. No reduction given for 25% due to depth. ~~Minimum trench depth 48" on high side~~

Checked upper 3 lines & ST. 8/11/15
8/12/15 Checked lowest line. Did install drainlines @ 48" Used ADS for Drainfield.

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: Deeral Abee Date: 5/18/15 Installed by: Abee's Grading

IMPROVEMENT PERMIT by: Date: 05/18/15 OPERATION PERMIT by: Maria Dolson BS Date: 8/12/15

AUTHORIZATION TO CONSTRUCT by: Date: 05/18/15 Existing System Inspected by: Date:

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