IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204583

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

PIN # ~~4765541831~~ 4765-40-2811

APPLICANT: Hayday Investments LLC APPLICANT ADDRESS: 161 West Dodson Mill Rd.

SITE ADDRESS: 129 Carter Ln. PHONE: 704-902-4659 ALT. PHONE: N/A

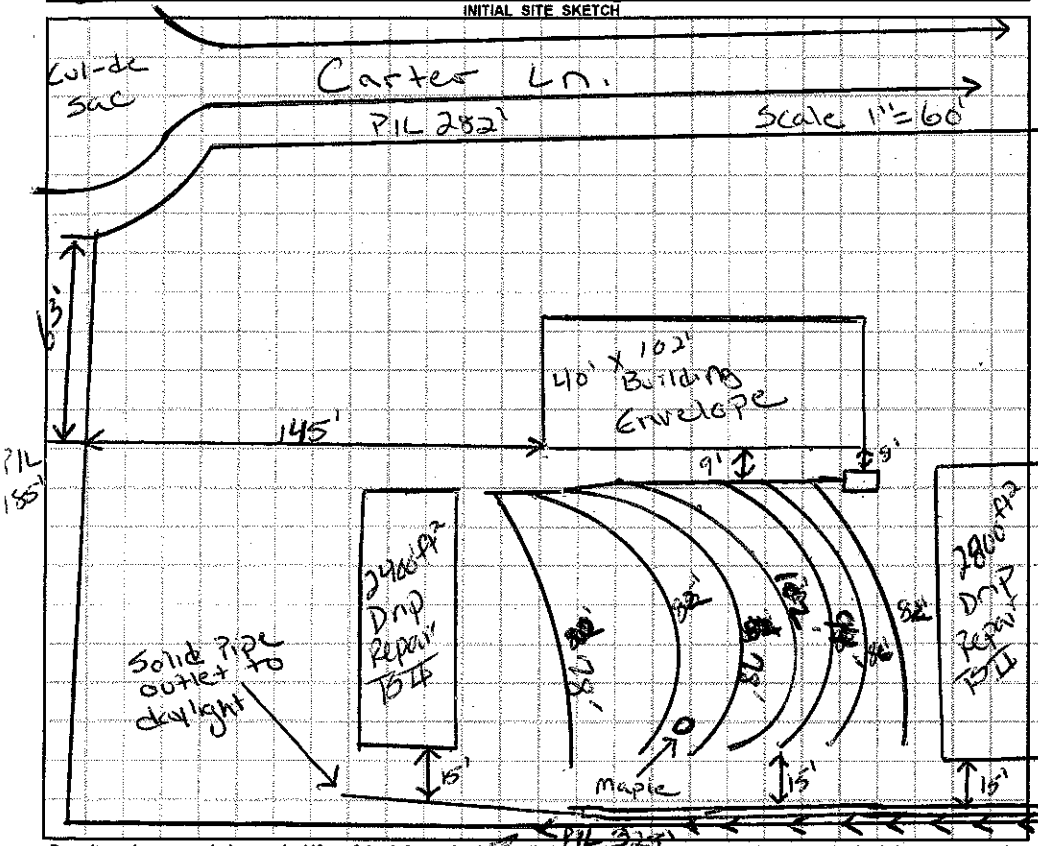
SITE DIRECTIONS: Hwy 64 E TR Bell Farm Rd TR Carter Ln Property on Left

SUBDIVISION: Carter Meadows SECTION: N/A LOT # 6 LOT AREA: 1.156 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.15

Septic Tank	1000 (gal)	STB	760	Date	8-28-15	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description: Shallow 25% Red. w/ Covers	☐ Business	No. Persons	6	☐ Private
Pump Make	N/A	Model	Pokalok	Serial #	PL68	Repair System Description: TSII Drip	☐ Other	No. Employees		☑ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	600	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	15" high side	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. TRENCH DEPTH @ 15" on HIGH SIDE ~~6.6~~ Bring in Group III suitable fill to cover nitrification field. Place a minimum of 8" cover over entire field. Cover shall be placed at uniform depth over field & extend 5' laterally beyond nitrification trench. Install trench Drawn @ location shown below / Start @ 60" deep *

INITIAL SITE SKETCH



AS BUILT SKETCH

Install 2' wide. Install surface diversion berm/ditch @ location shown below. Recommend to remove maple tree from drainfield area.

-IMPROVEMENTS ONLY!

Installed Quick as drawn

No home at time of installation

Install French Drain as shown Here (Start @ 60" deep & 2' wide

Install surface diversion berms/ditches here as shown.

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] (Agent) Date: 10/14/14 Installed by: Steve Bryant

IMPROVEMENT PERMIT by: [signature] Date: 10-8-14 OPERATION PERMIT by: [signature] Date: 02/19/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-10-16 Existing System Inspected by: Date:

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