IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 180841

APPLICANT: Bob + Doris Hallet

PIN # 4765-41-6238

SITE ADDRESS: 105 Wildflower Ln Statesville NC

APPLICANT ADDRESS: Rt 3 Box 3103 Stroudsburg PA

SITE DIRECTIONS: 64 E, TR on Bell Farm Rd, TR on Wildflower Ln, Lot at corner of Bell Farm and Wildflower on L

PHONE:

ALT. PHONE:

SUBDIVISION:

SECTION: LOT #: LOT AREA: 0.670 ac

DESIGN FLOW: 360 gpd L.T.A.R.: 0.175

Septic Tank	1000 (gal)	STB	760	Date	11-30-14
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	4	Linear Ft:	515
Trench Width	36"	Max. Trench Bottom Depth	12"	Gravel Depth	NA

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity 25% Reduction

Repair System Description: PM 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

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

No. Bedrooms: 3 No. Persons: 6 No. Employees: ☑ Crawl Space

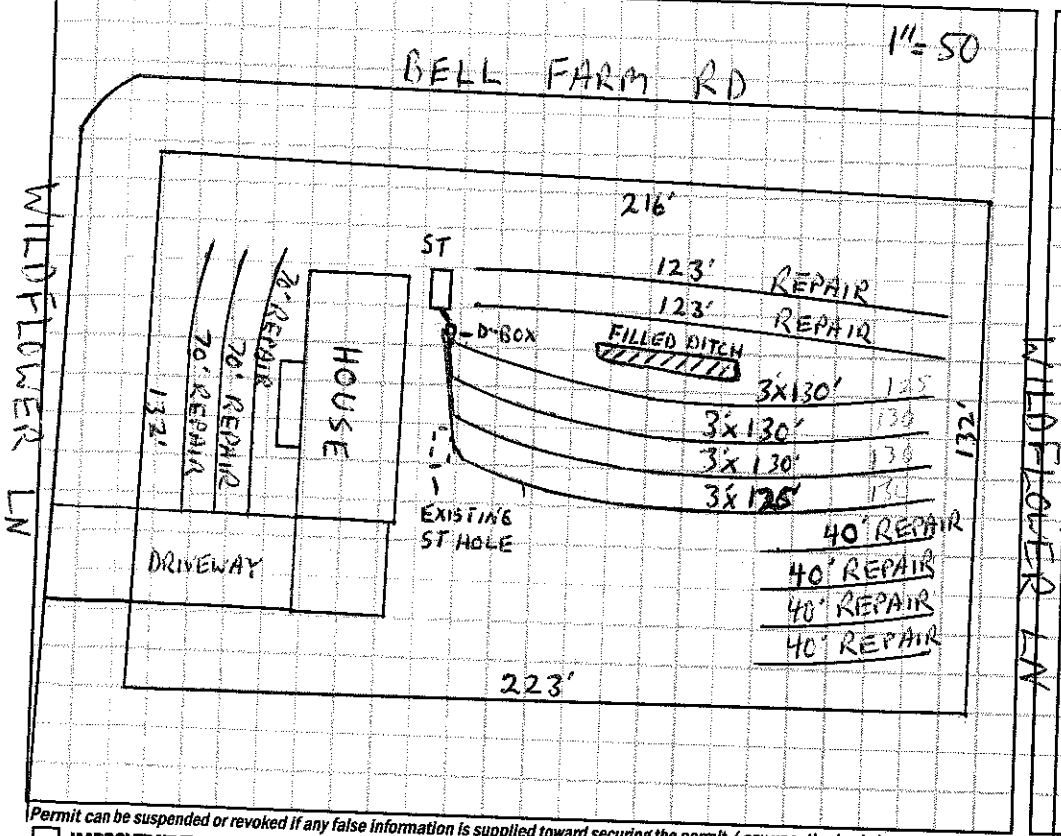
Water Supply: ☐ Private ☑ Public ☐ Community

☐ Basement w/o plumbing

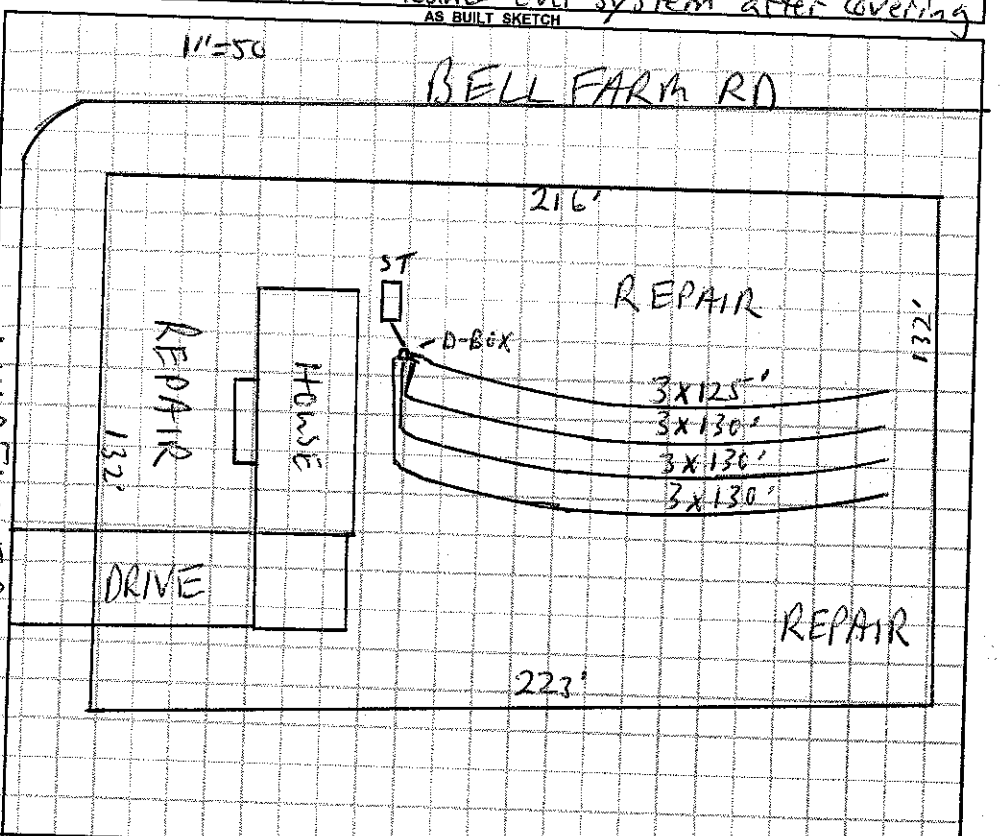
Comments / Conditions: * TRENCH BOTTOM 12" * Fill and Compact Existing ST hole, Minimum of 6" of cover to be brought in and placed over drainlines. Repair to be installed 12" deep.

* 515 of ARC 36 installed
* Lines Installed Essentially as Drawn, Open Run where indicated
* 10" Cover minimum found over system after covering

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: Date:

IMPROVEMENT PERMIT by: Date: 5-28-14

AUTHORIZATION TO CONSTRUCT by: Date: 5-28-14

Installed by: ABEE'S CLEARING & GRADING

OPERATION PERMIT by: Date: 6-5-14

Existing System Inspected by: Date:

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