IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 175909

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

PIN # 4769670602

APPLICANT: Shelton Dairy Properties APPLICANT ADDRESS: 178 Holstein Ln.

SITE ADDRESS: 315 Tabor Rd. PHONE: 704-929-9145 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Tabor Rd- Property on left

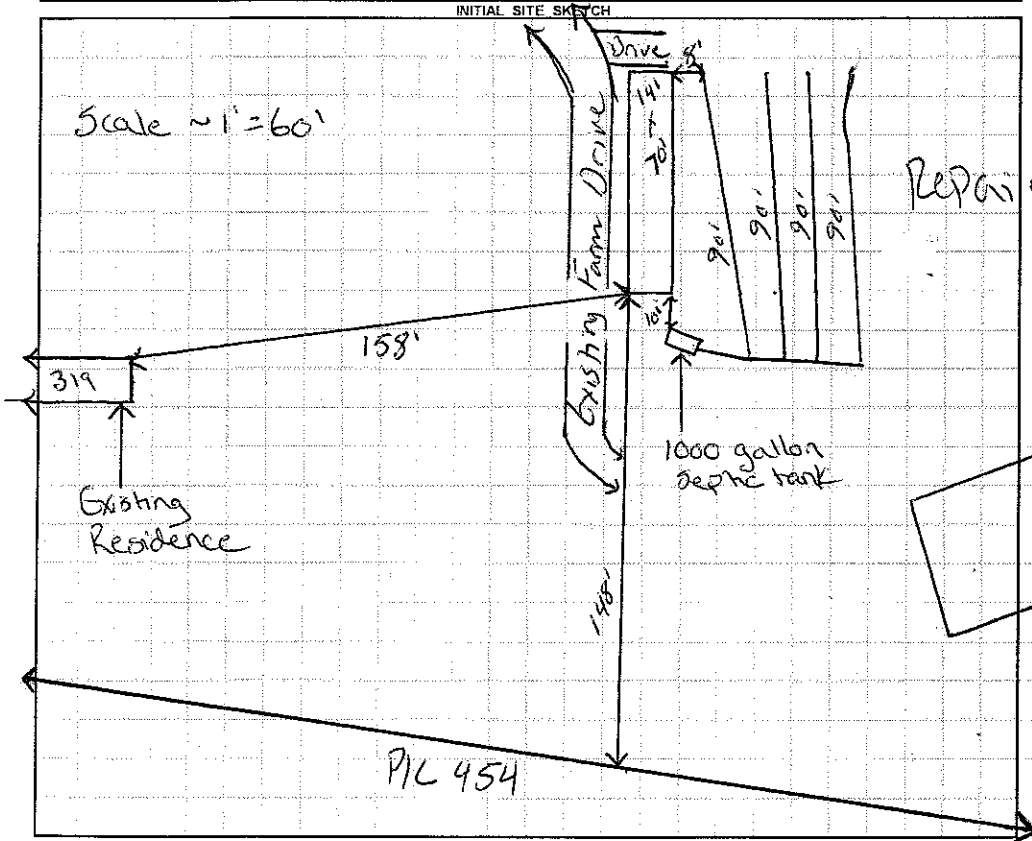
SUBDIVISION: Rocky Creek Farm SECTION: N/A LOT # N/A LOT AREA: 25.089 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	6-18	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons
Pump Make	Model			Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees
# Nitrification Fields	1 # Lines	4		Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36" Max. Trench Bottom Depth	30"		Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

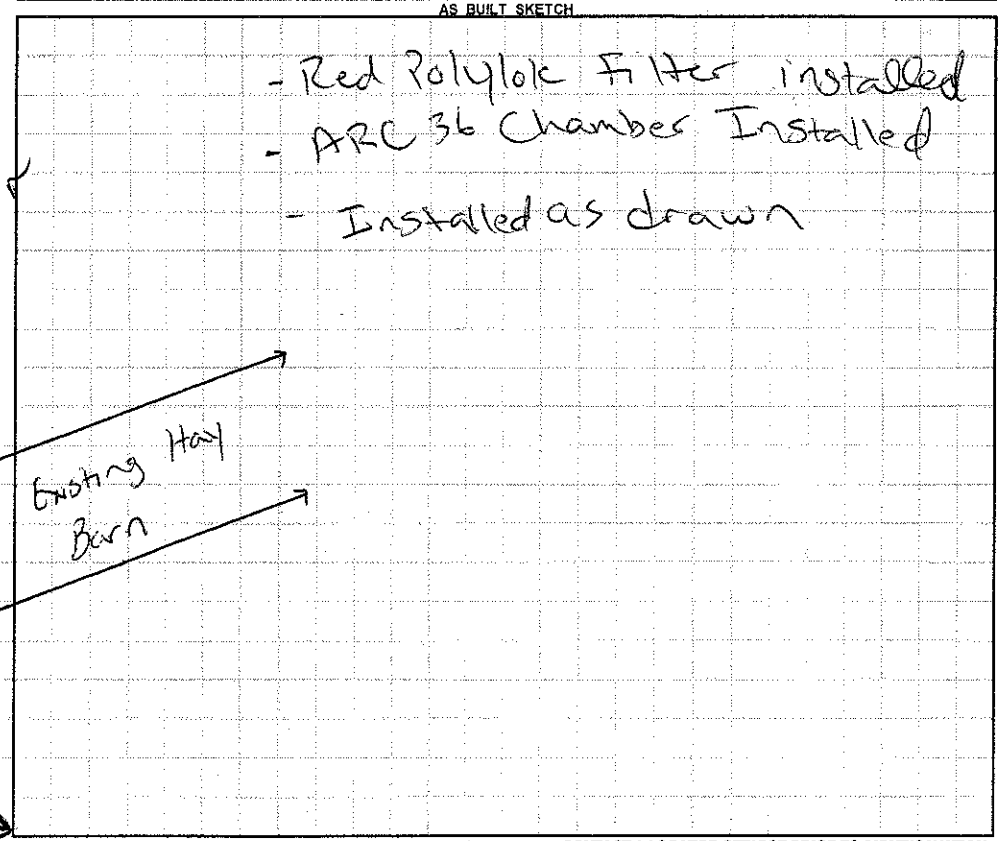
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% reduction system on contour 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: Date: 12-19-12 Installed by: Tim Abee

IMPROVEMENT PERMIT by: Justin Henderson Date: 12-13-12 OPERATION PERMIT by: Justin Henderson Date: 12-19-12

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 12-13-12 Existing System Inspected by: Date:

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