IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 171357

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

PIN # 4769670602

APPLICANT: Tom Perrow APPLICANT ADDRESS: 178 Holstein Ln.

SITE ADDRESS: 319 Tabor Rd. PHONE: 704-929-9145 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Tabor Rd. ~ 1/2 mile on left

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 25.089 acres DESIGN FLOW: 240 gpd L.T.A.R.: 0.25

Septic Tank Existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 240
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

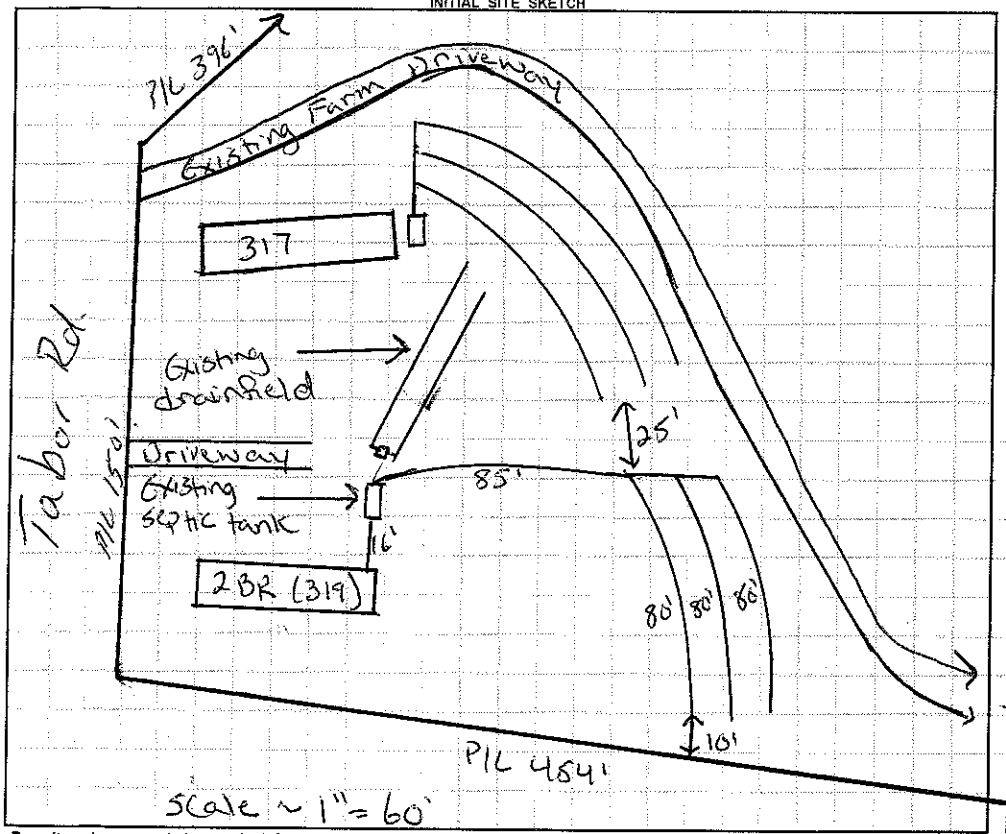
☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description:
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Replace septic tank and/or tee if necessary.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn
1 x RC36 Chambers installed

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: 12-18-12 OPERATION PERMIT by: Justin Henderson Date: 12-19-12

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 12-18-12 Existing System Inspected by: Date:

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