3:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 174453

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

PIN # 4775 75 [illegible] 3078

APPLICANT: America's Home Place APPLICANT ADDRESS: 1206 Greenland Drive

SITE ADDRESS: Oak Forest Drive PHONE: 704 872 4400 ALT. PHONE:

SITE DIRECTIONS: Hwy 64 East, (R) on Barry Oak, (L) on Oak Forest, driveway on the right

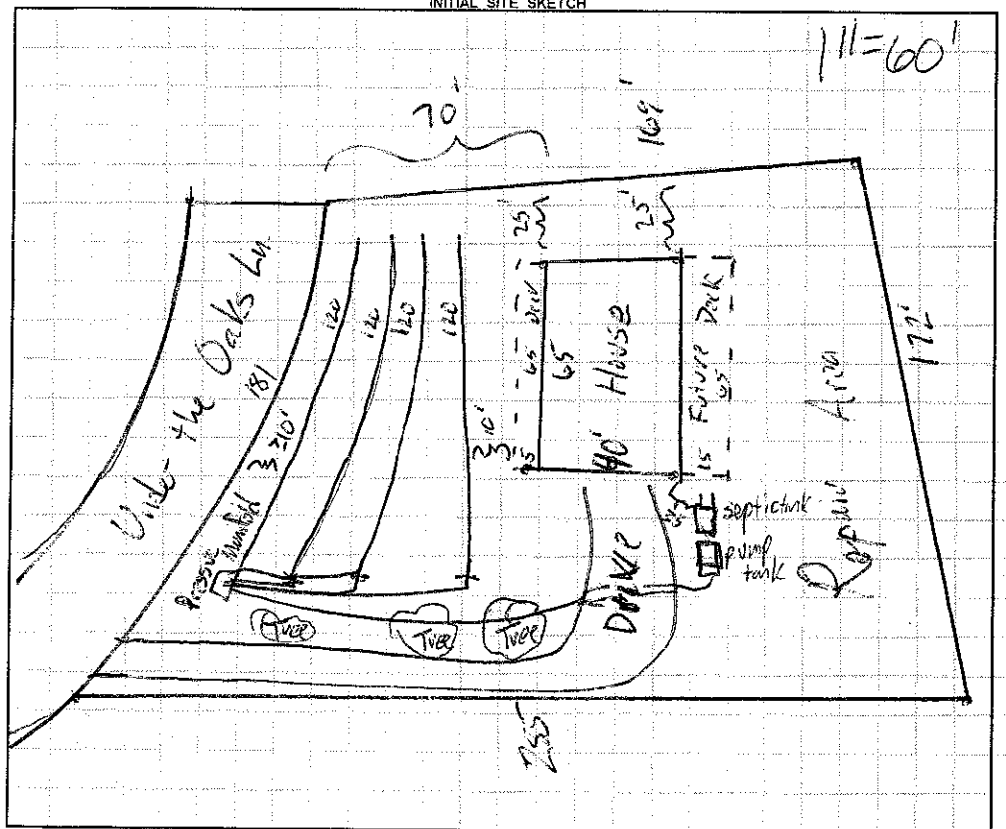
SUBDIVISION: n/a SECTION: n/a LOT # n/a LOT AREA: .778 Ac DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	1012	Date	6-4-12	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	17	Date	2-16-11	System Description:	Pump 25% Reduction			☐ Business	No. Persons
Pump Make	Goulds	Model	WE0S114	Serial #		Repair System Description:	Sub Surface Drip Irrigation			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	n/a		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

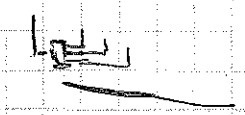
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Sleeve supply line in ductile iron or buried ≥30" under driveway

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: [signature] Date: 1/3/13 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: [signature] Date: 12-21-12 OPERATION PERMIT by: [signature] Date: 4-30-13

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-21-12 Existing System Inspected by: Date:

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