IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 206887

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

PIN # 4775-94-~~0879~~ 0818

APPLICANT: BRADLEY HENDERSON APPLICANT ADDRESS: 129 HUGH LN STATESVILLE NC

SITE ADDRESS: 425 OAK FOREST DR PHONE: 704-400-8120 ALT. PHONE:

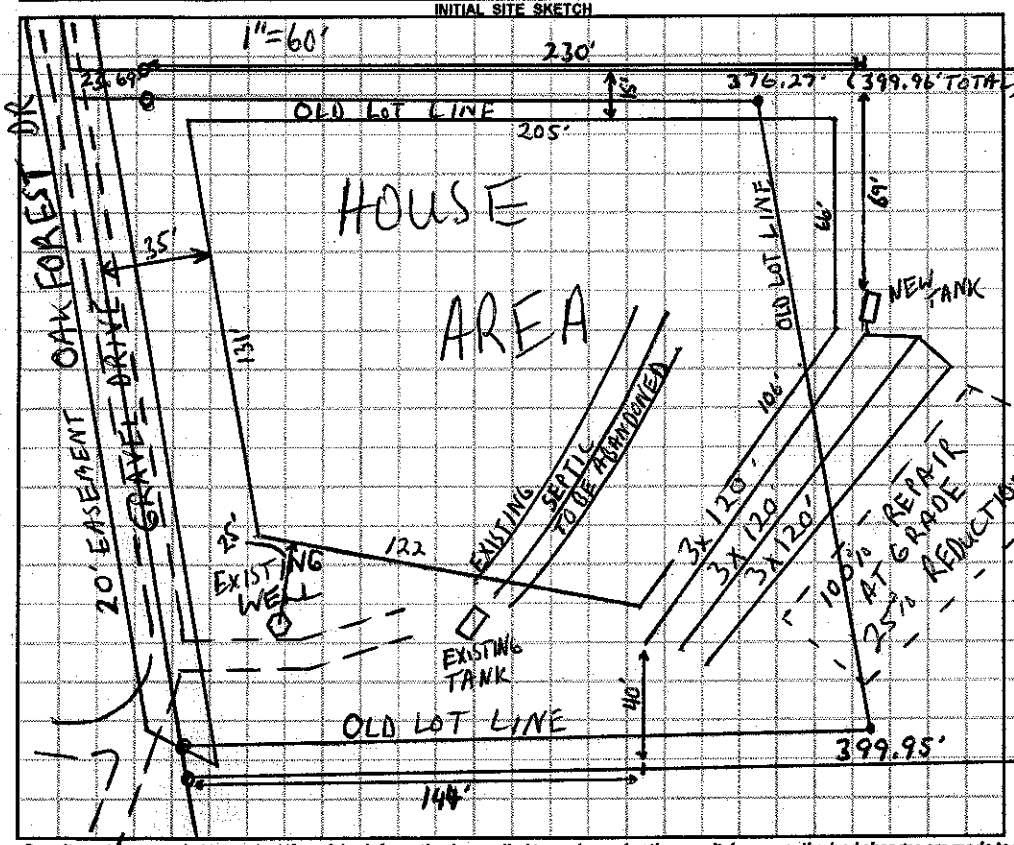
SITE DIRECTIONS: HWY 64E, TR on WILD OAK RD, TL on OAK FOREST, @ END STAY R AND CONTINUE UNTIL LOT ON L

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.0 ac DESIGN FLOW: 360gpd L.T.A.R.: 0.25

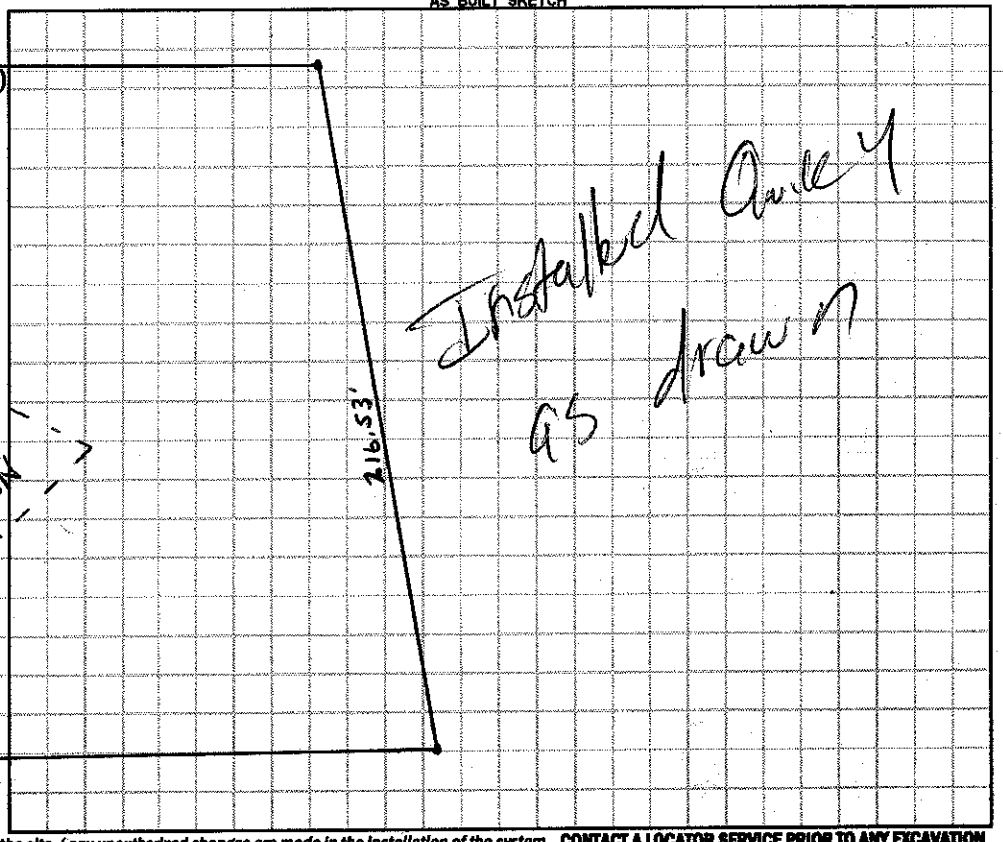
Septic Tank	1000 (gal)	STB	160	Date	11-25-13	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	GRAVITY 25% REDUCTION	☐ Business	No. Persons	3	☑ Private EXISTING
Pump Make	N/A	Model	Poly Tank	Serial #	PL-68	Repair System Description:	AT GRADE GRAVITY 25% REDUC	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth	24"	Gravel Depth	N/A		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: EXISTING SEPTIC TANK MUST BE ABANDONED BY PUMPING, CRUSHING AND BACKFILLING; LOTS COMBINED TO FORM ONE LOT

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: 2-19-15 Installed by: Barnes Grading

IMPROVEMENT PERMIT by: _____ Date: 2-16-15 OPERATION PERMIT by: _____ Date: 02/12/16

AUTHORIZATION TO CONSTRUCT by: _____ Date: 07/22/15 Existing System Inspected by: _____ Date: _____

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