IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 209153

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

PIN # 4776715372

APPLICANT: Regina Hoke | APPLICANT ADDRESS: 225 Swann Rd Statesville NC 28625

SITE ADDRESS: 225 Swann Rd Statesville NC 28625 | PHONE: 704-902-2664 | ALT. PHONE: 704-878-6111

SITE DIRECTIONS: 40E to Old Mocksville Rd T/R then T/L 64 E T/L Swann Rd T/L Jubilee Ln

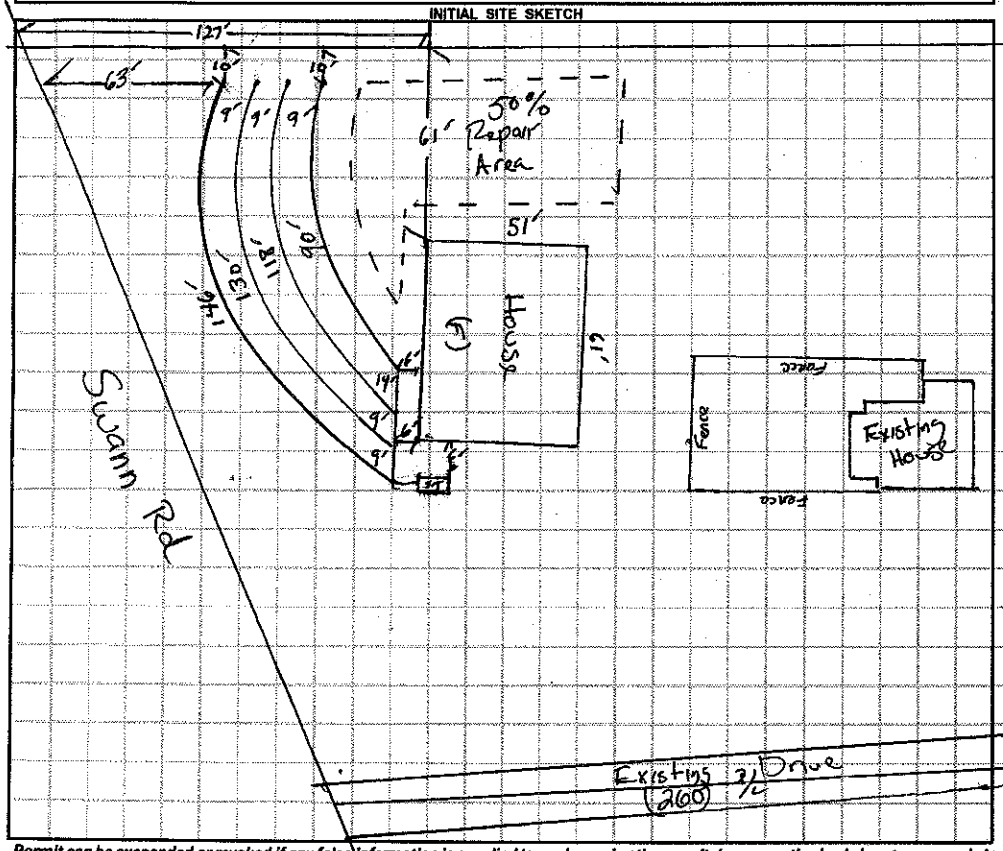
SUBDIVISION: N/A | SECTION: N/A LOT # N/A | LOT AREA: 2.91 ac | DESIGN FLOW: 480 | L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date		[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make		Model			Serial #		Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft:	480	Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		[X] GRAVITY	[ ] PRESSURE		

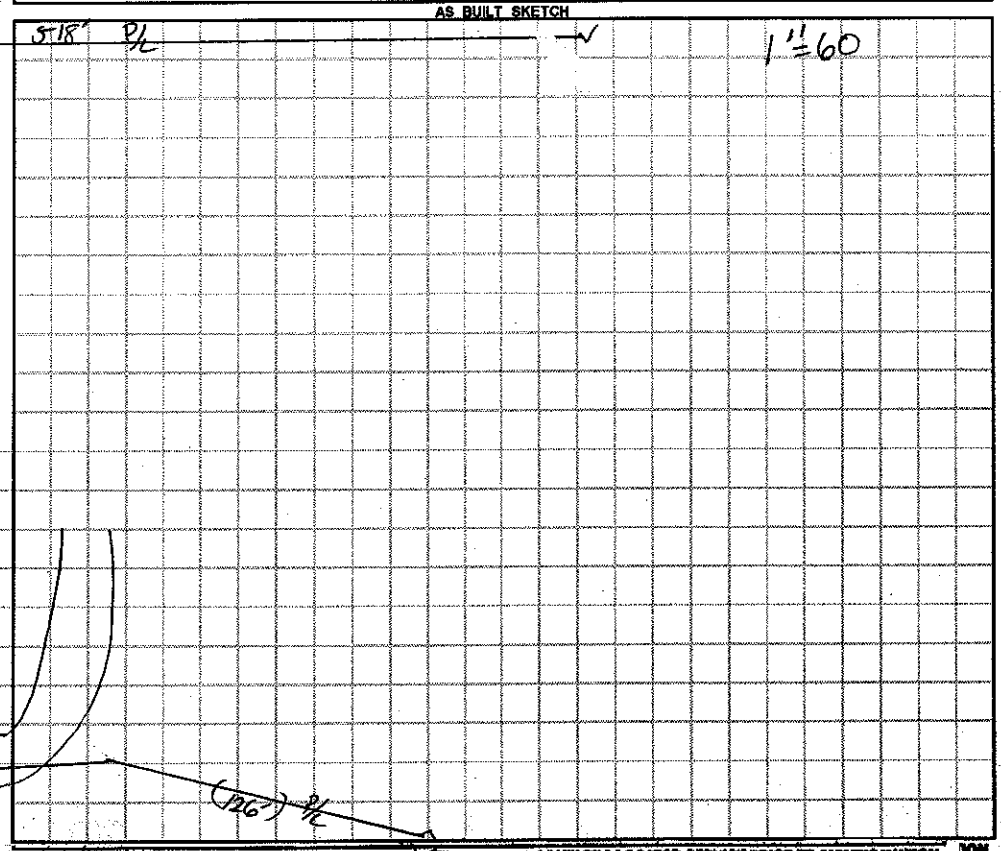
[X] Residence | No. Bedrooms: 4 | Water Supply: [ ] Private
[ ] Business | No. Persons: 8 | [X] Public
[ ] Other | No. Employees: | [ ] Community
[ ] Slab | [X] Crawl Space
[ ] Basement w/plumbing | [ ] Basement w/o plumbing

Comments / Conditions: Install 25% Reduction on contour with Serial distribution. Plumb out high front right corner.

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo. mo.

Owner / Applicant Signature: Regina Hoke Date: 4/14/15 Installed by: Dandy Townsley

IMPROVEMENT PERMIT by: Robert H. Brew Date: 04/14/15 OPERATION PERMIT by: [signature] Date: 6/3/16

AUTHORIZATION TO CONSTRUCT by: Robert H. Brew Date: 04/14/15 Existing System Inspected by: Date:

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