IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209425

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

PIN # 4778787912

APPLICANT: Melissa Lackey APPLICANT ADDRESS: 12809 Asbury Chapel Rd. Huntersville

SITE ADDRESS: 115 Hannah Sue Ct PHONE: 704-875-9913 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR Mt. Bethel Rd TR Four Andrews Dr TL Hannah Sue Ct.

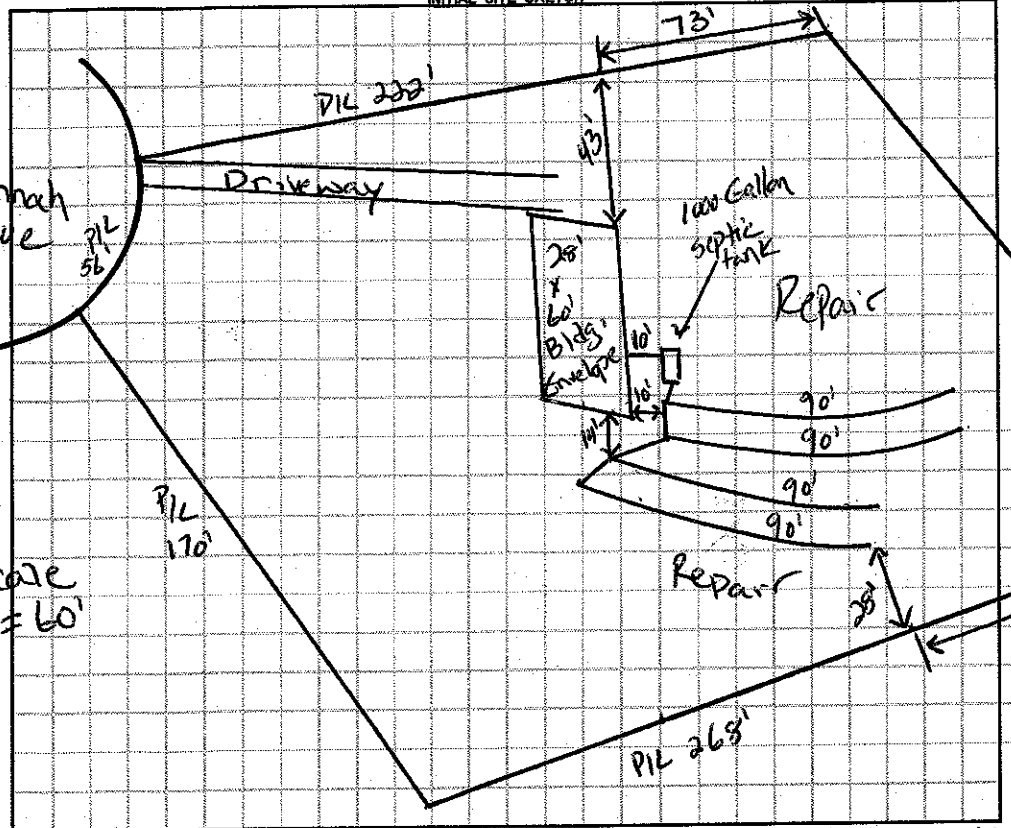
SUBDIVISION: Rock Gate Estates SECTION: P1 LOT # 4 LOT AREA: 1.089 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	2-17-15	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make	N/A	Model	Polylok	Serial #	P1-68	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	28"	Gravel Depth	N/A		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

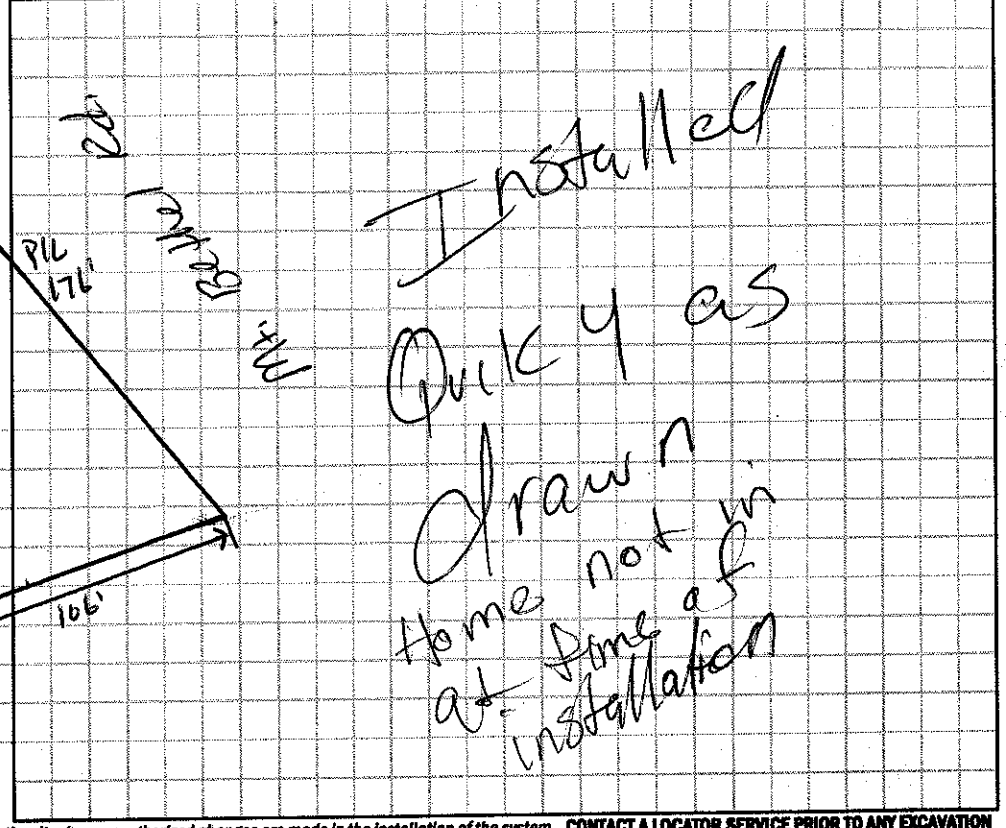
Water Supply: ☐ Private ☑ Public ☐ Community

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: Melissa Lackey Date: 6-15-15 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 5-13-15 OPERATION PERMIT by: Date: 06/24/15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 5-13-15 Existing System Inspected by: Date:

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