IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 17955

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

PIN # 4779372554

APPLICANT: James Haden APPLICANT ADDRESS: 117 Haynorth Ln

SITE ADDRESS: 137 Arrowbrook Rd. PHONE: 704-437-6250 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21N TR Mt Bethel Rd. TR Arrowbrook Rd.

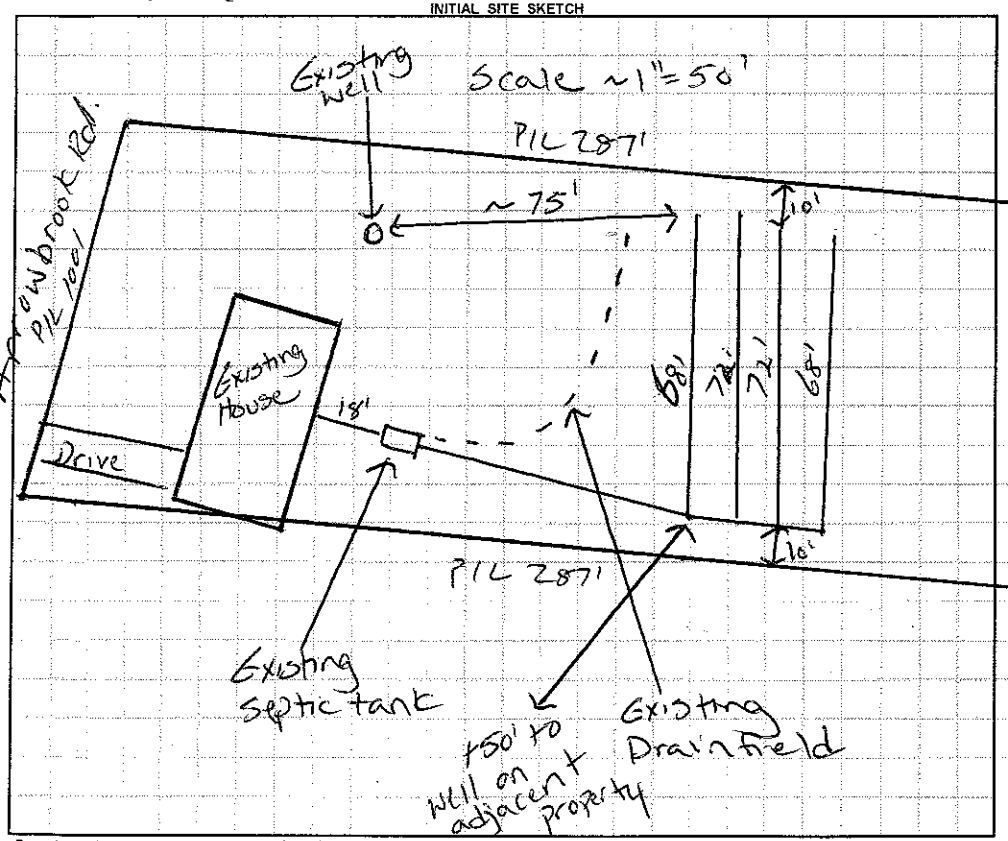
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.69 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank	Existing	(gal)	STB	EX	Date	EX	☐ New System	☑ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	EX	(gal)	PT	EX	Date	EX	System Description:				
Pump Make	N/A	Model		N/A	Serial #	N/A	Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines		4	Linear Ft:	280	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"	Max. Trench Bottom Depth		48"	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE			

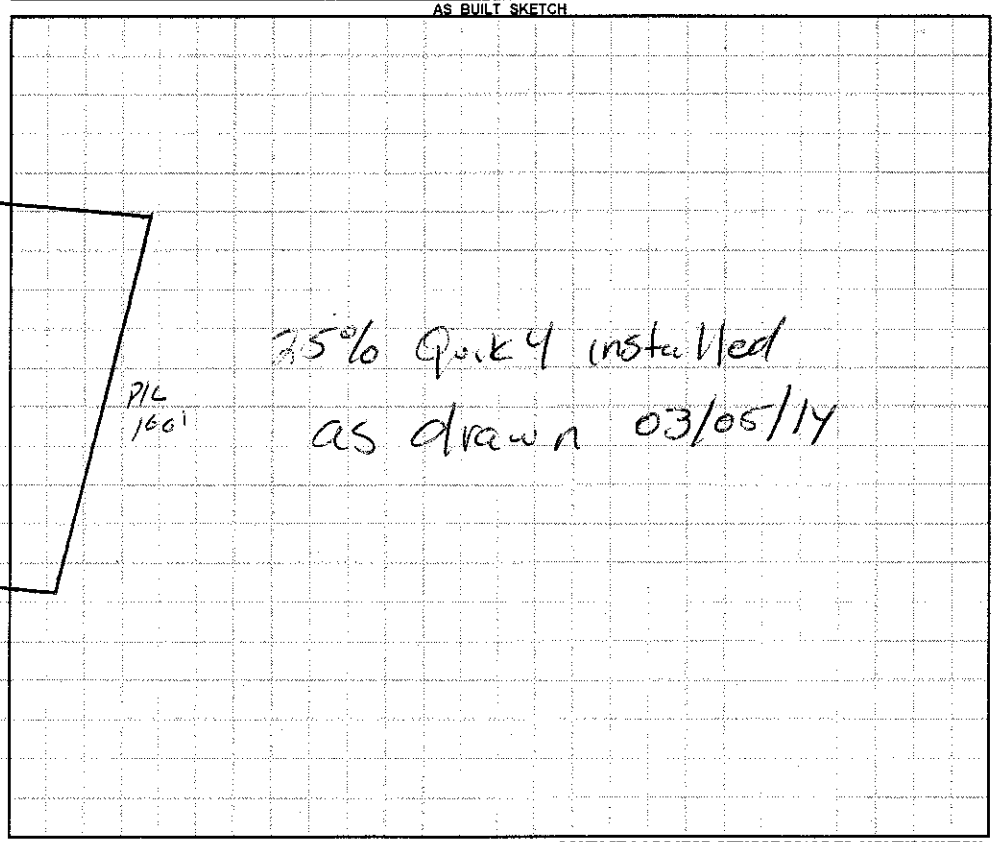
☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install a 25% Reduction System on contour with serial distribution. Install trench bottoms @ 48". Replace septic tank if needed.

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: 2/28/14 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-10-14 OPERATION PERMIT by: David H. Lowe Date: 03/05/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-10-14 Existing System Inspected by: Date:

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