IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 20222

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

PIN # 478 7917704

APPLICANT: Joe Gantt APPLICANT ADDRESS: 115 Porter Farm Dr.

SITE ADDRESS: 115 Porter Farm Dr. PHONE: 704 873-5850 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64E TL Porter Farm Dr.

SUBDIVISION: Garden Valley Estates SECTION: N/A LOT # 31 LOT AREA: 0.89acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 300

Trench Width 36" Max. Trench Bottom Depth 28" Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description:

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

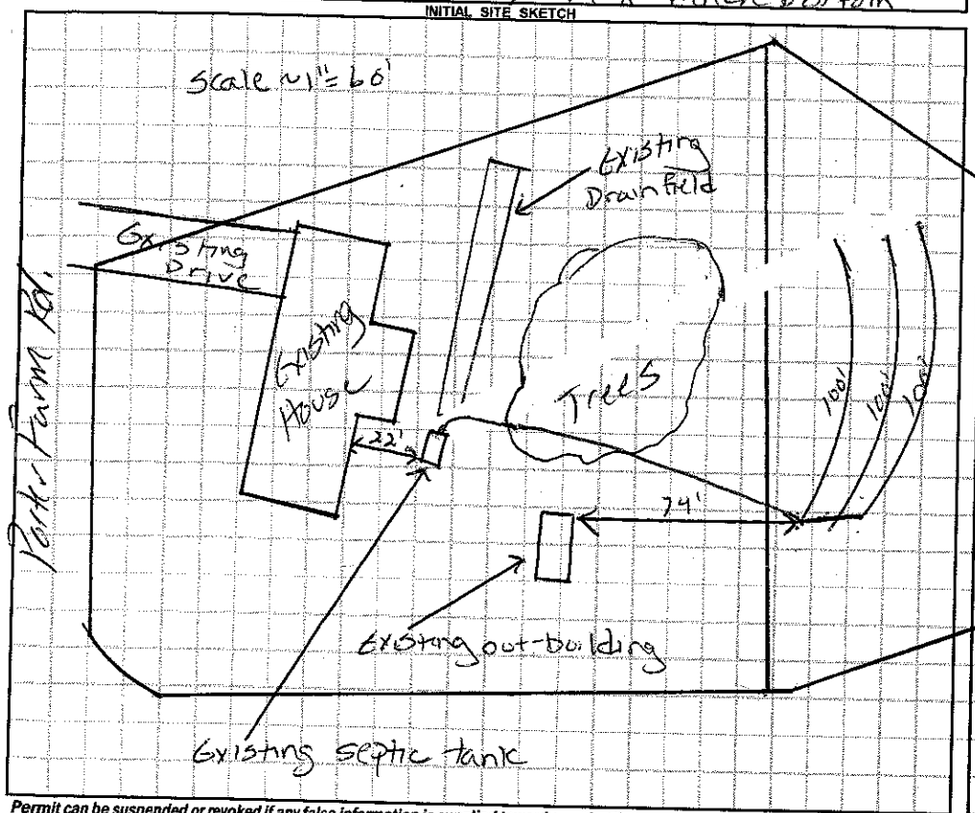
No. Bedrooms 3 No. Persons 6 No. Employees ___ ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: IMPROVEMENTS ONLY! Combine Lots or Submit Easment Prior to issuance of CA! Install a 25% Reduction system on contour with serial distribution. * Max trench bottom depth on high side is 28"*. Replace septic tank if needed. Owner requested only a 3 BR system @ time of repair, stated they only had 3 Bedrooms + application matches.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Lots combined 3-28-14
- Quick 4 Chambers installed
- Installed as drawn

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:

IMPROVEMENT PERMIT by: Justin Henderson Date: 3-27-14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 4-1-14

Installed by: Tommy Faye

OPERATION PERMIT by: Justin Henderson Date: 4-1-14

Existing System Inspected by: Date:

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