IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 201856

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

PIN # 4797378609

APPLICANT: Jerry Alford APPLICANT ADDRESS: 162 Stamey Farm Rd Statesville NC 28677

SITE ADDRESS: 2569 Mocksville Hwy PHONE: 704-872-1603 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 64 N past I40 second drive on left

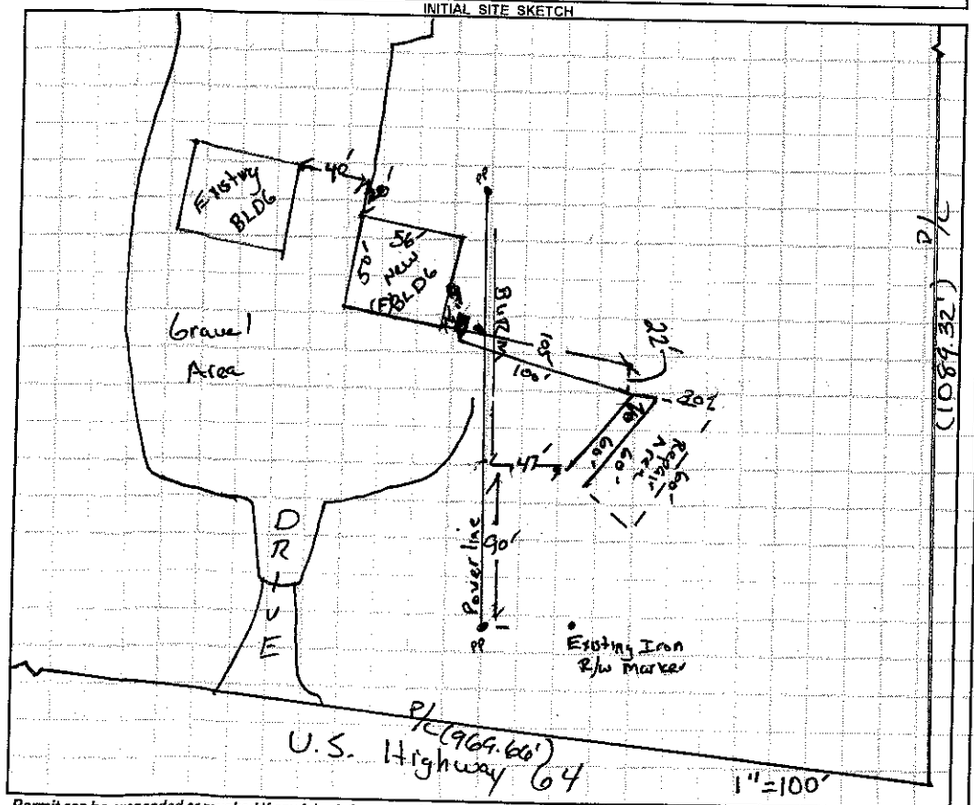
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 25,762 ac DESIGN FLOW: 100 L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	794	Date	8-11-14	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	N/A (gal)	PT	N/A	Date	N/A	System Description:	25% Reduction		
Pump Make	N/A	Model	Polylok	Serial #	PL-68	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	2	Linear Ft:	120	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Max. Trench Bottom Depth	32"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE		

[ ] Residence	No. Bedrooms	N/A	**Water Supply**		
[ ] Business	No. Persons	2	[X] Private		
[X] Other	No. Employees	N/A	[ ] Public		
[X] Slab	[ ] Crawl Space		[ ] Community		
[ ] Basement w/plumbing			[ ] Basement w/o plumbing		

Comments / Conditions: Install 25% Reduction on contour with serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as drawn

Quad 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.* [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.*

Owner / Applicant Signature: Jerry Alford Date: 3/20/14 Installed by: Tuckers Hauling + Grading

IMPROVEMENT PERMIT by: David H Lee Date: 03/06/14 OPERATION PERMIT by: David H Lee Date: 09/17/14

AUTHORIZATION TO CONSTRUCT by: David H Lee Date: 03/17/14 Existing System Inspected by: _____ Date: _____

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