IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209061

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

PIN # 4799209770

APPLICANT: Abee's Clearing & Grading APPLICANT ADDRESS: 2381 US Hwy 64 West

SITE ADDRESS: 1394 G. Memorial Hwy PHONE: 704-239-3693 ALT. PHONE: N/A

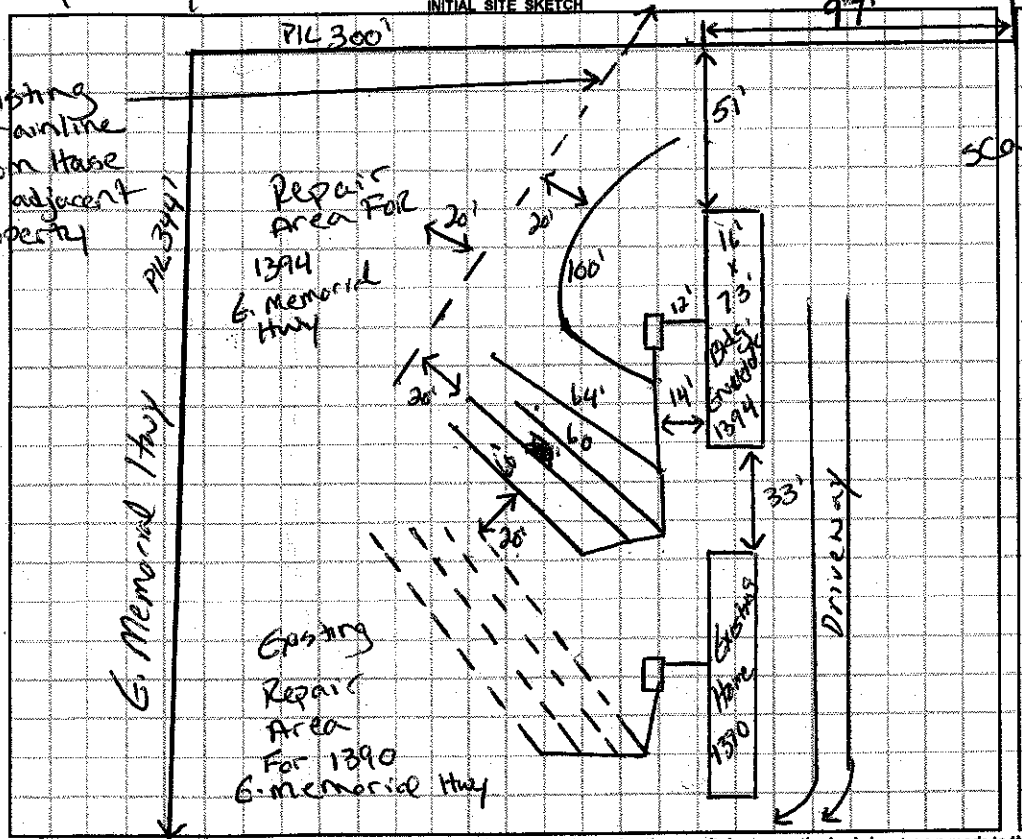
SITE DIRECTIONS: Hwy 21N TR Hwy 901 Property on Right

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 77.3 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	710	Date	1-11-14	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply			
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			☐ Business	No. Persons	6	☐ Private			
Pump Make	N/A	Model	Pump Vault		Serial #	PV-68	Repair System Description:	25% Reduction			☐ Other	No. Employees		☑ Public			
# Nitrification Fields	1	# Lines	5		Linear Ft:	360	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community			
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing			

Comments / Conditions: Install a 25% Reduction system on contour with serial distribution. Maintain a minimum of 20' between all septic systems as shown below.

INITIAL SITE SKETCH



AS BUILT SKETCH

scale = 1" = 60'

Installed Arc 36 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: Deena Abee Date: 5/14/15 Installed by: Abee's Clearing & Grading

IMPROVEMENT PERMIT by: Justin Henderson Date: 5-14-15 OPERATION PERMIT by: [signature] Date: 05/19/15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 5-14-15 Existing System Inspected by: Date:

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