IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21780

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

PIN # 4798 39 5740

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

SITE ADDRESS: 116 Dairy View Ln. PHONE: 704-239-3693 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR 901 TR Dairy View Ln.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 75.66 acres DESIGN FLOW: 240gPd L.T.A.R.: 0.25

Septic Tank 1000 (gal) STB 760-1000 Date 5-11

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 240

Trench Width 36" Max. Trench Bottom Depth 30" Gravel Depth N/A

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

System Description: 25% Reduction

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

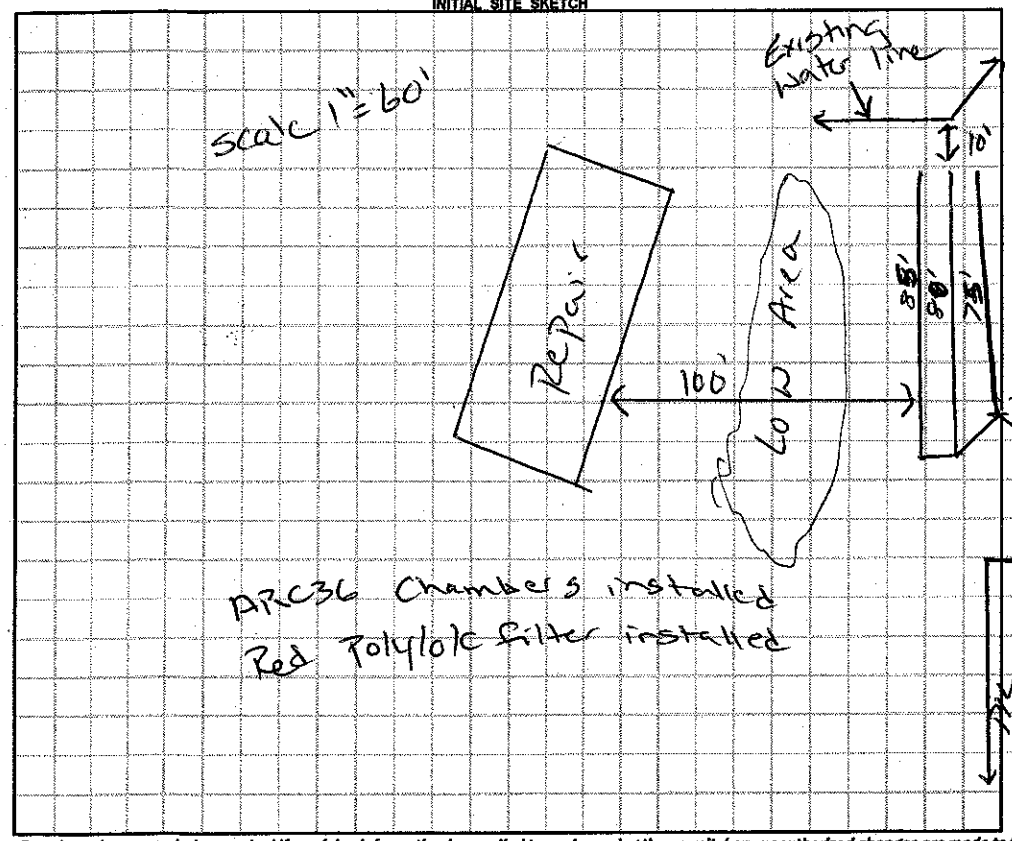
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

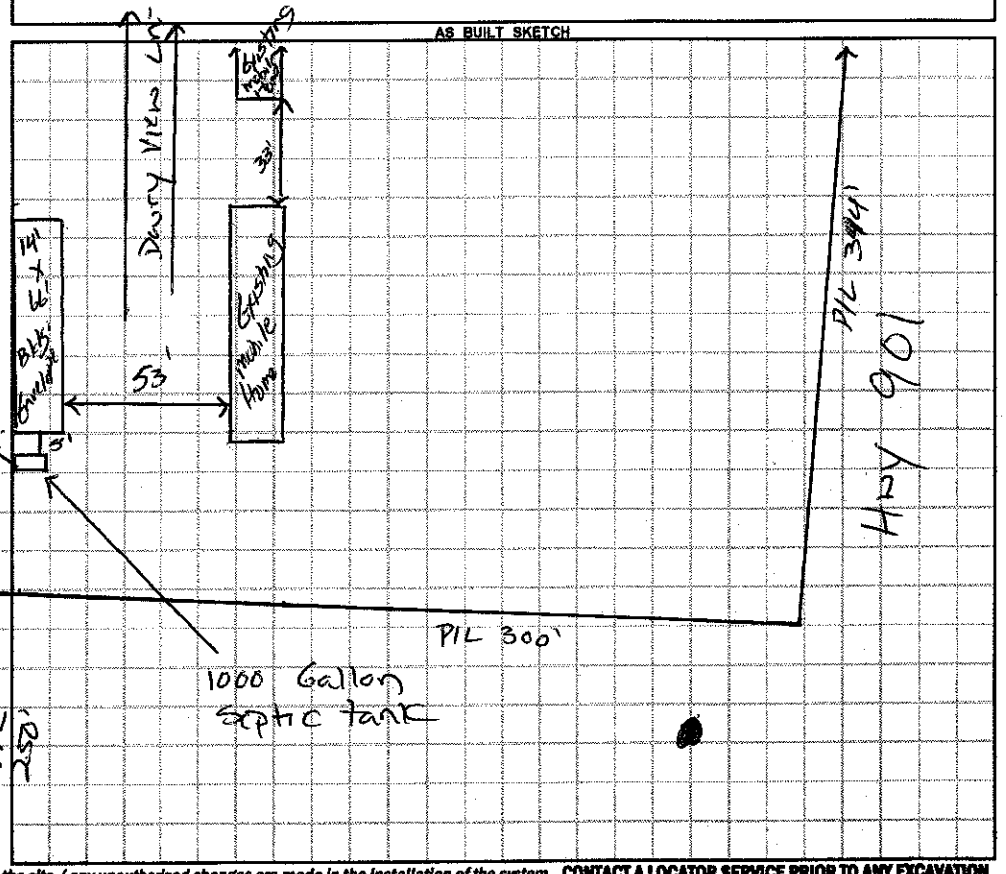
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install a 25% Reduction System On contours 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: Derral Abee Date: 8/17/15 Installed by: Tim Abee

IMPROVEMENT PERMIT by: Justin Henderson Date: 8-17-15 OPERATION PERMIT by: Justin Henderson Date: 8-20-15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 8-17-15 Existing System Inspected by: Date:

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