IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210207

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

PIN # 4800655280

APPLICANT: Stephanie Mishoe APPLICANT ADDRESS: 121 ALMA DRIVE STATESVILLE NC 28625

SITE ADDRESS: 121 ALMA DRIVE STATESVILLE NC 28625 PHONE: 7048760726 ALT. PHONE: DEENA AHEE 7042393693

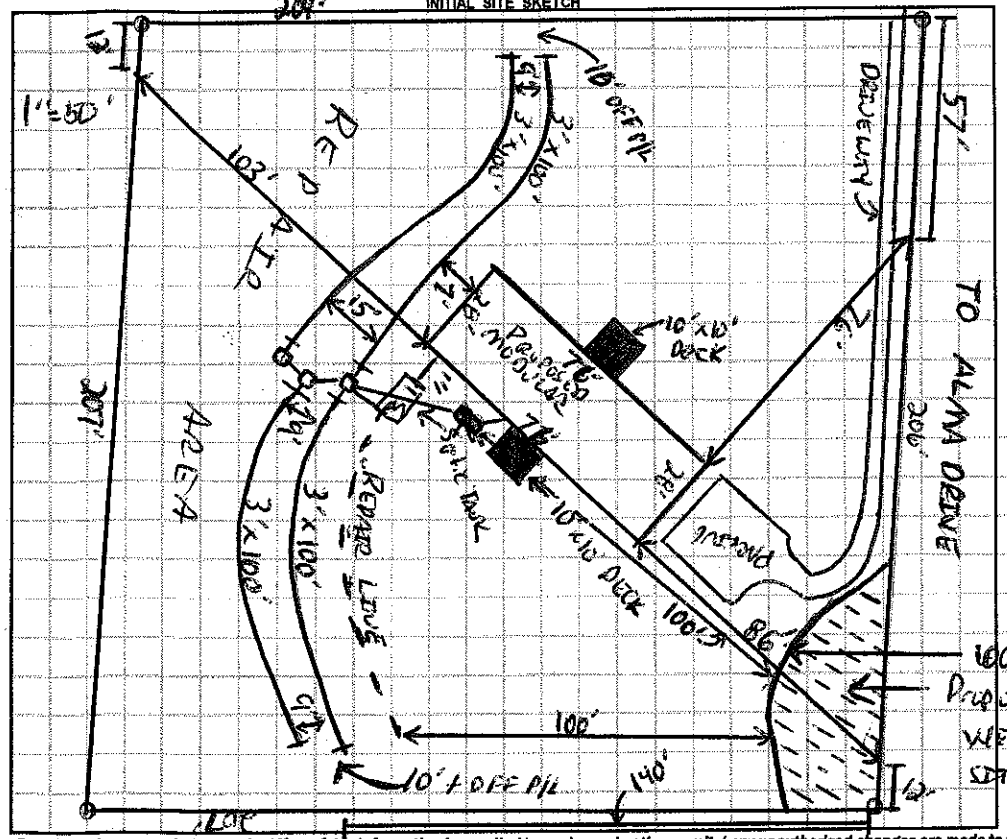
SITE DIRECTIONS: HWY 115 N (L) DAMASCUS CHURCH (R) CATTLEMANS (L) ALMA AT END ON RIGHT

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.0 ACRE DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 964-1500	Date 10-6	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	(gal)	PT	Date	System Description: GRAVITY 25% REDUCTION		☐ Business	No. Persons 4	☒ Private
Pump Make	Model		Serial #	Repair System Description: GRAVITY 25% REDUCTION		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4		Linear Ft: 400'	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: ① Install 3 drop boxes as drawn ② Install proposed lines on contours and maintain setbacks ③ System is flagged and well area is 100' from septic & repair area as drawn. Repair Area is not flagged.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red Polytec Filter installed
- Biomax 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: Deena Ahee Date: 8/3/15 Installed by: Jim Ahee

IMPROVEMENT PERMIT by: [signature] Date: 6-12-15 OPERATION PERMIT by: Justin Henderson Date: 12-4-15

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6-12-15 Existing System Inspected by: Date:

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