IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 215746

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

PIN # 4861183663

APPLICANT: Jeremiah McMahon APPLICANT ADDRESS: 142 Farmview Ln.

SITE ADDRESS: 1183 Jericho Rd. PHONE: 704-902-5861 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TL Taber Rd TL Jericho Rd Property ~ 0.3 miles on Left

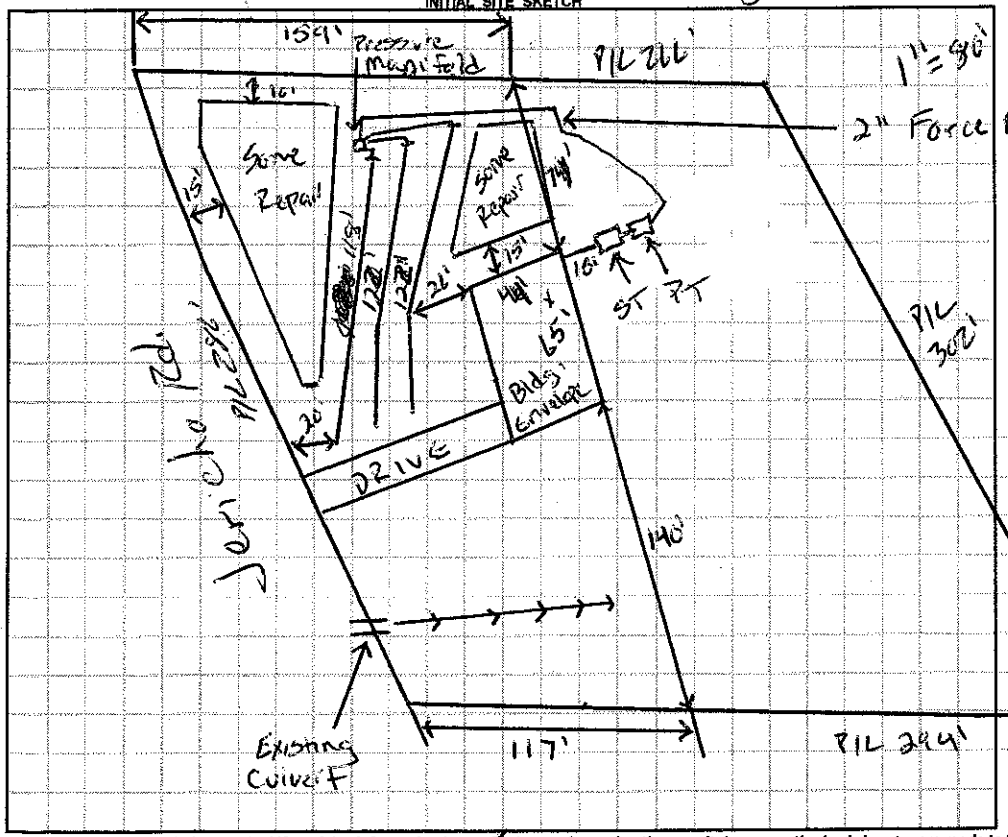
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.46 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 760	Date	3-6	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000	(gal)	PT 363	Date	1-8	System Description:	25% Reduction - Pump		
Pump Make	Zoeller	Model	152	Serial #		Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☐ Crawl Space		☐ Community
☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: IMPROVEMENTS ONLY! Submit floor plan prior to issuance of CA. Install a 25% Reduction on contour with parallel distribution. Install trench bottoms @ 36" high side.

INITIAL SITE SKETCH



AS BUILT SKETCH

- Red Polylok filter installed
- Quick 4 Chambers installed
- Risers installed on TT

	Date	Initials
Drain Lines Checked	5-12-16	JH
Tanks Checked	5-12-16	JH
Pressure Manifold or Valve Box Checked	8-1-16	HS
Pressure Head Set	8-1-16	HS
Electrical Checked	8-1-16	HS
Floats Set	8-1-16	HS
Alarm Checked	8-1-16	HS
Maintenance Contract Y / N	N/A	

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 to 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: 02-24-16 Installed by: TB Grady

IMPROVEMENT PERMIT by: Justin Henderson Date: 2-5-16 OPERATION PERMIT by: _____ Date: 08/04/16

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 2-19-16 Existing System Inspected by: _____ Date: _____

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