IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21351O

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

PIN # 4863852814

APPLICANT: Sarah Taylor Carter APPLICANT ADDRESS: 1670 E Broad St # 246 Statesville NC

SITE ADDRESS: 850 Eagle Mills Rd Hamptonville NC PHONE: 704-239-3693 ALT. PHONE: N/A

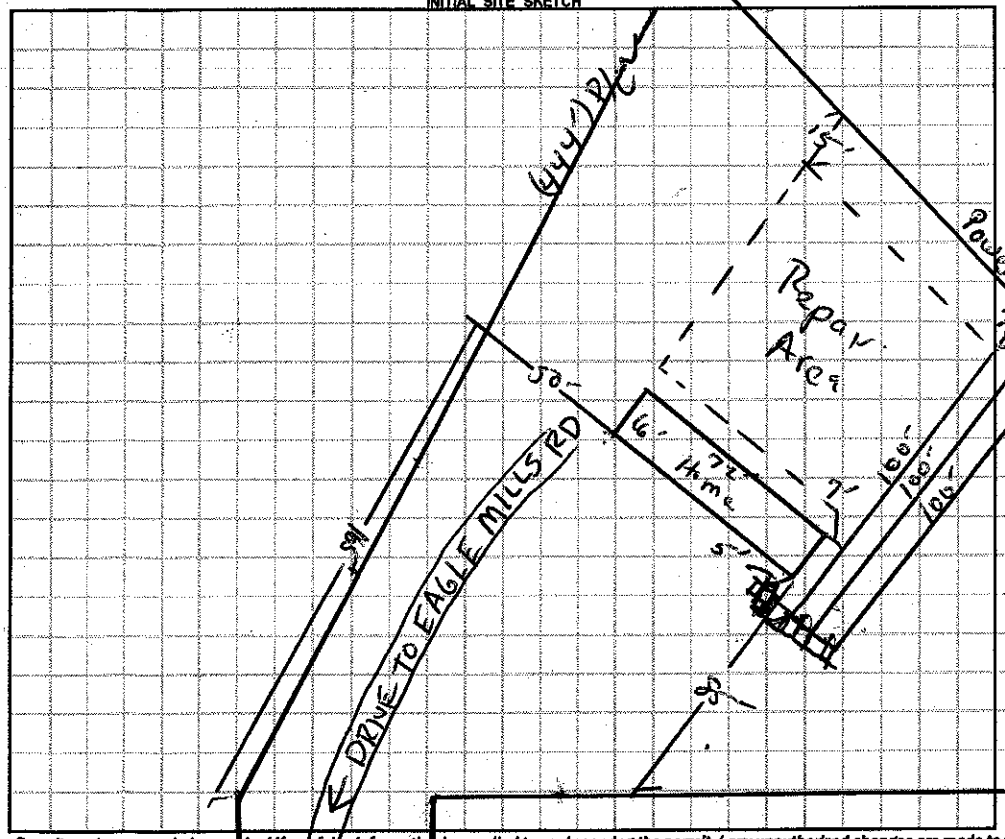
SITE DIRECTIONS: 21 N T/L 901 T/R Eagle Mills approx 3 miles property on right

SUBDIVISION: Marilyn N Mullis SECTION: N/A LOT # 1 LOT AREA: 9.317 ac DESIGN FLOW: 360 L.T.A.R.: 0.3

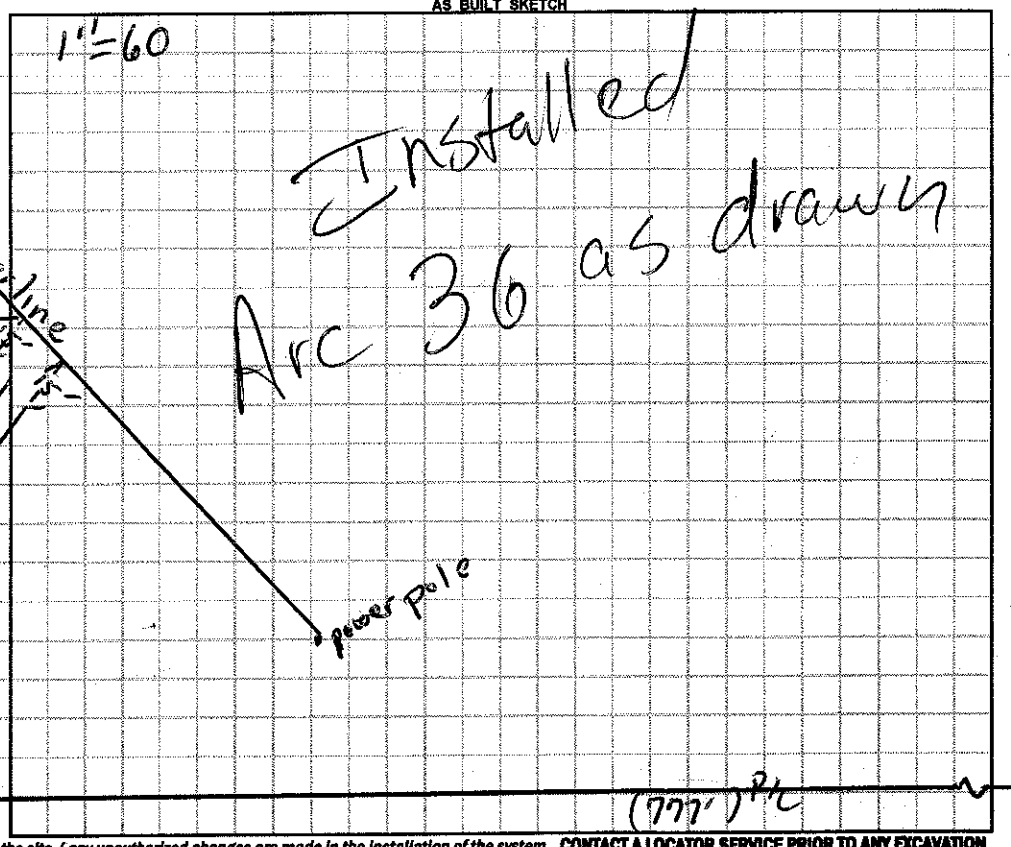
Septic Tank	1000	(gal)	STB	760	Date	11-5-15	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms	3	Water Supply	
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:	25% Reduction			[ ] Business	No. Persons	6	[X] Private	
Pump Make	N/A	Model	Poly Lok		Serial #	PL-108	Repair System Description:	25% Reduction			[ ] Other	No. Employees		[ ] Public	
# Nitrification Fields	1	# Lines	3		Linear Ft:	308	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space		[ ] Community	
Trench Width	36"	Max. Trench Bottom Depth	36"		Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing			[ ] Basement w/o plumbing	

Comments / Conditions: Install 25% reduction on contour 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.* [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: [signature] Date: 11/23/15 Installed by: Abee's Excavating

IMPROVEMENT PERMIT by: [signature] Date: 11/17/15 OPERATION PERMIT by: [signature] Date: 02/09/18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/17/15 Existing System Inspected by: Date:

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