IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 178328

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

PIN # 4870888723

APPLICANT: Tracey R Rogers APPLICANT ADDRESS: 423 Stimson Street Orlando FL

SITE ADDRESS: 170 Redmon Rd. PHONE: 704-929-7701 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 21 N TR Tomlinson Ave TR Redmon Rd.

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 1.02 acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank 600 gal STB 760 Date 3-8-14
Pump Tank N/A gal PT N/A Date N/A
Pump Make N/A Model Poly Tech Serial # PL-68
Nitrification Fields 1 # Lines 3 Linear Ft: 150
Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☐ New System ☑ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description:
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☐ PRESSURE

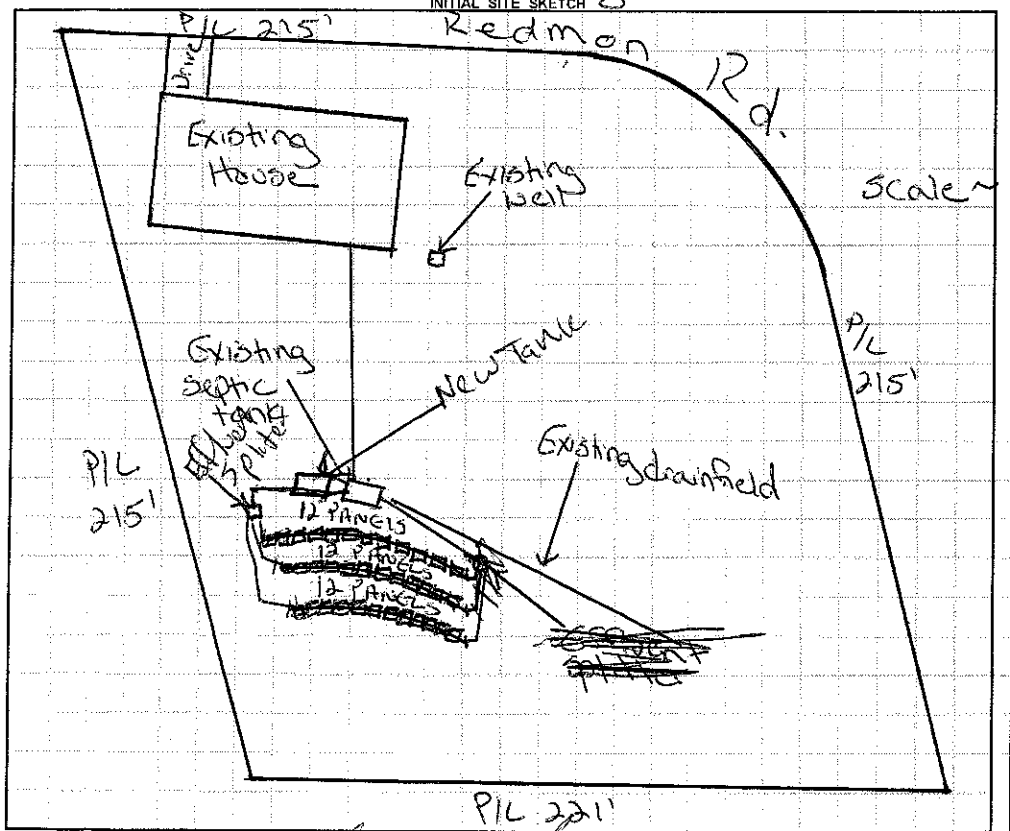
☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install a 50% Reduction system on contour. Use an effluent splitter for feed system via parallel distribution. Install 12 panels per line. Each line is 50' long.

- Replace septic tank if needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: [signature] Date: 5-22-13 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Justin Henderson Date: 5-21-13 OPERATION PERMIT by: [signature] Date: 07/28/14

AUTHORIZATION TO CONSTRUCT by: Justin Henderson Date: 5-21-13 Existing System Inspected by: Date:

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