IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180385

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

PIN # 4615901255

APPLICANT: Patrick Joseph Dist. Homes LLC APPLICANT ADDRESS: 113 Windy Knoll Ln Mooresville, NC 28117

SITE ADDRESS: Stonemarker Rd. Mooresville, NC PHONE: 980 722 1118 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR. Stonemarker TL Fork on right next to #491

SUBDIVISION: Stonemarker SECTION: LOT # 11 LOT AREA: DESIGN FLOW: 480 gpd L.T.A.R.: .3

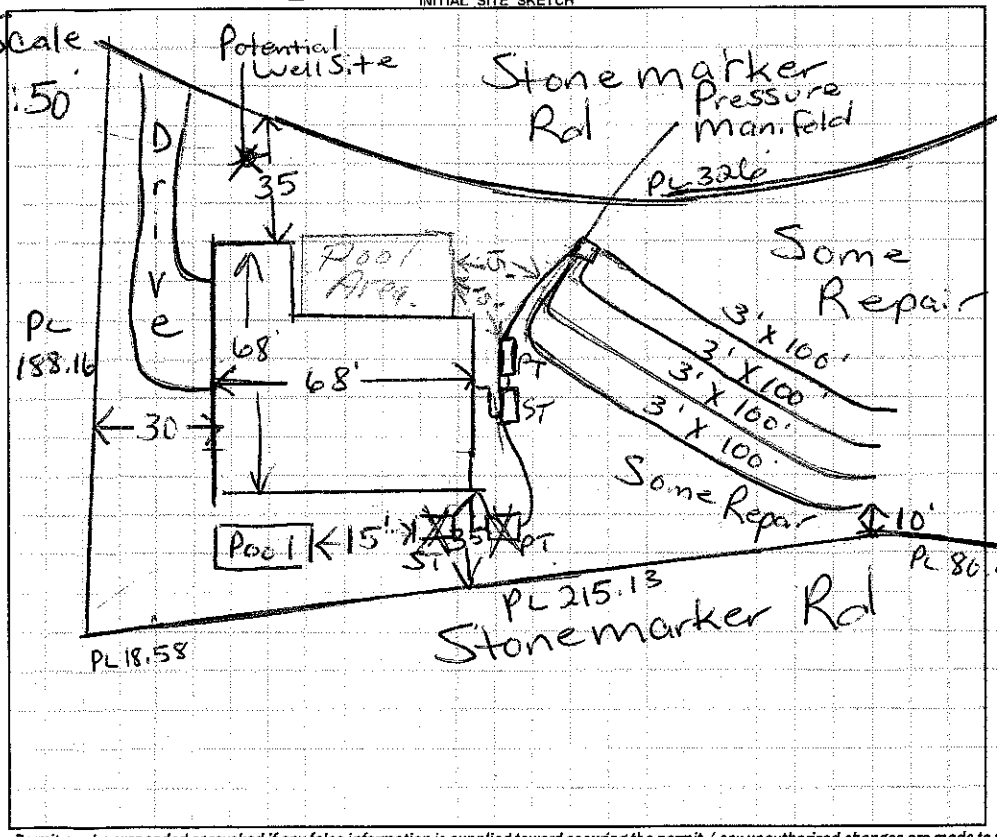
Septic Tank	1000 (gal)	STB	794	Date	1-7-14	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	1-17-14	System Description:	Pump-25% Reduction			☐ Business	No. Persons
Pump Make	Hydromatic	Model	SHEF45M2	Serial #	52758-004	Repair System Description:	Pump-Panel Blk			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	460	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

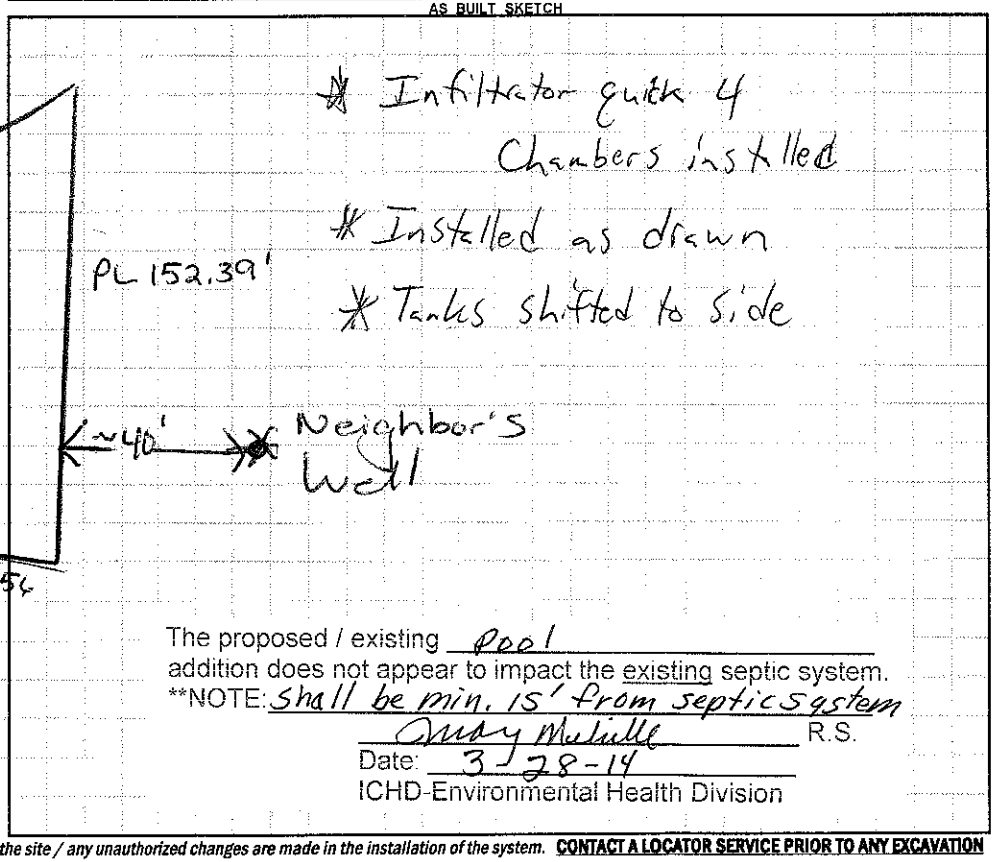
Comments / Conditions: Must Keep Septic System at least 10ft from PL & 50ft minimum from any well.

9/11/13 Reviewed floor plans meets requirements of bedrooms

INITIAL SITE SKETCH



AS BUILT SKETCH



The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 15' from septic system

Cindy Melville R.S.

Date: 3-28-14

ICHD-Environmental Health Division

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: Date: 9-9-13 Installed by: Larry Henkle

IMPROVEMENT PERMIT by: RS Date: 9/9/13 OPERATION PERMIT by: Date: 3-10-14

AUTHORIZATION TO CONSTRUCT by: RS Date: 9/11/13 Existing System Inspected by: Date:

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