IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 147149

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

PIN # 4616-90-0280

APPLICANT: JASON & STACY THOMPSON APPLICANT ADDRESS: 472 BARBER LOOP MOORESVILLE, NC 28117

SITE ADDRESS: SAME PHONE: ALT. PHONE:

SITE DIRECTIONS: BSR, TR CHUCKWOOD, TL BARBER LOOP, ON R

SUBDIVISION: WATERTREE LANDING SECTION: LOT # 51 LOT AREA: .71 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank Ex. 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines SEE NOTES Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth

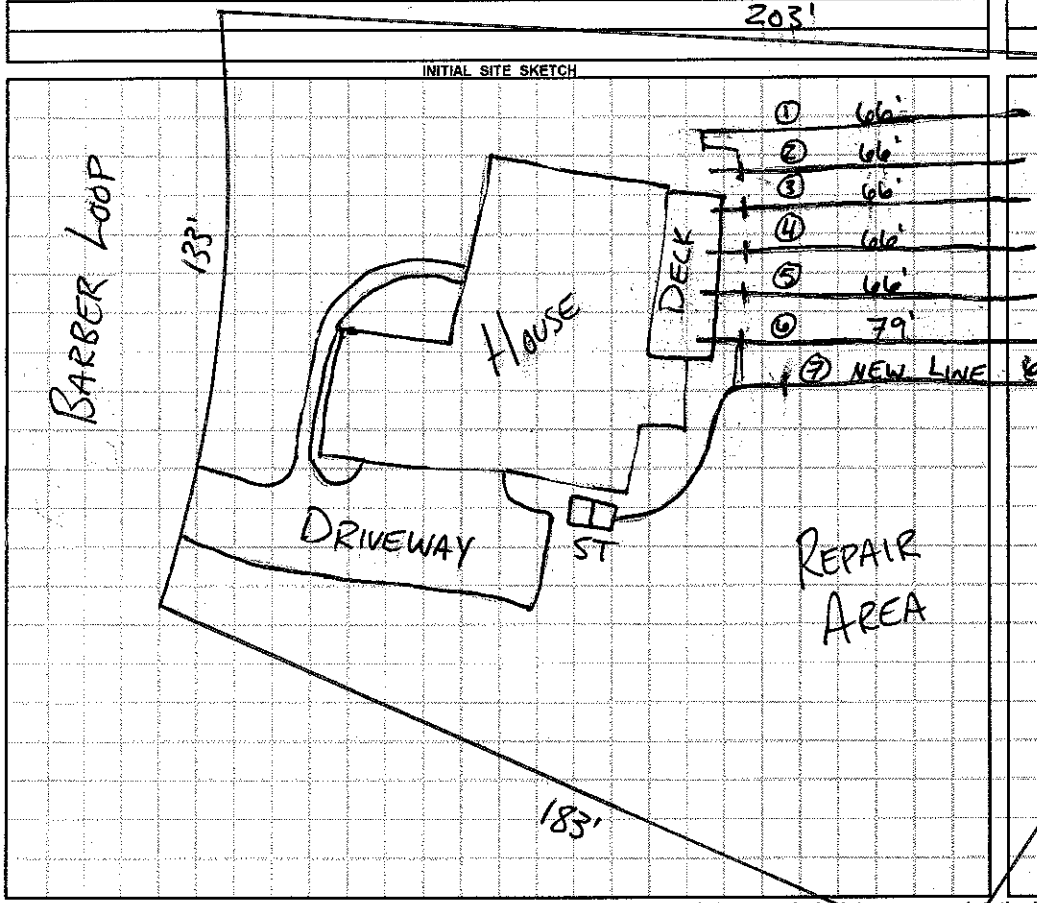
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PM - 25%
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

① REMOVE CHAMBERS FROM LINES 2-6 SO THAT 5' SEPERATION BETWEEN DRAIN LINES & DECK IS ACHIEVED
② INSTALL NEW LINE (⑦) TO EQUAL FOOTAGE OF CHAMBERS REMOVED
③ USE END CAP DISTRIBUTION
④ CALL HD FOR MEETING BEFORE INSTALLATION

408' FT INSTALLED

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: Thompson Date: 1-28-14 Installed by: LG Beam

IMPROVEMENT PERMIT by: RAllen Date: 1-27-14 OPERATION PERMIT by: RAllen Date: 4-7-14

AUTHORIZATION TO CONSTRUCT by: RAllen Date: 1-27-14 Existing System Inspected by: Date:

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