IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 3100 17420 W

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

PIN # 4624-28-5437.

APPLICANT: ES Johnson Builders APPLICANT ADDRESS: PO Box 1402 Cornelius NC 28031

SITE ADDRESS: 115 Pedham Lp Mooresville NC 28117 PHONE: 704-987-7950 ALT. PHONE:

SITE DIRECTIONS: Brawley Sch. Rd, TR 2nd Manisfield, TL Brockton, TR Pedham Lp on L

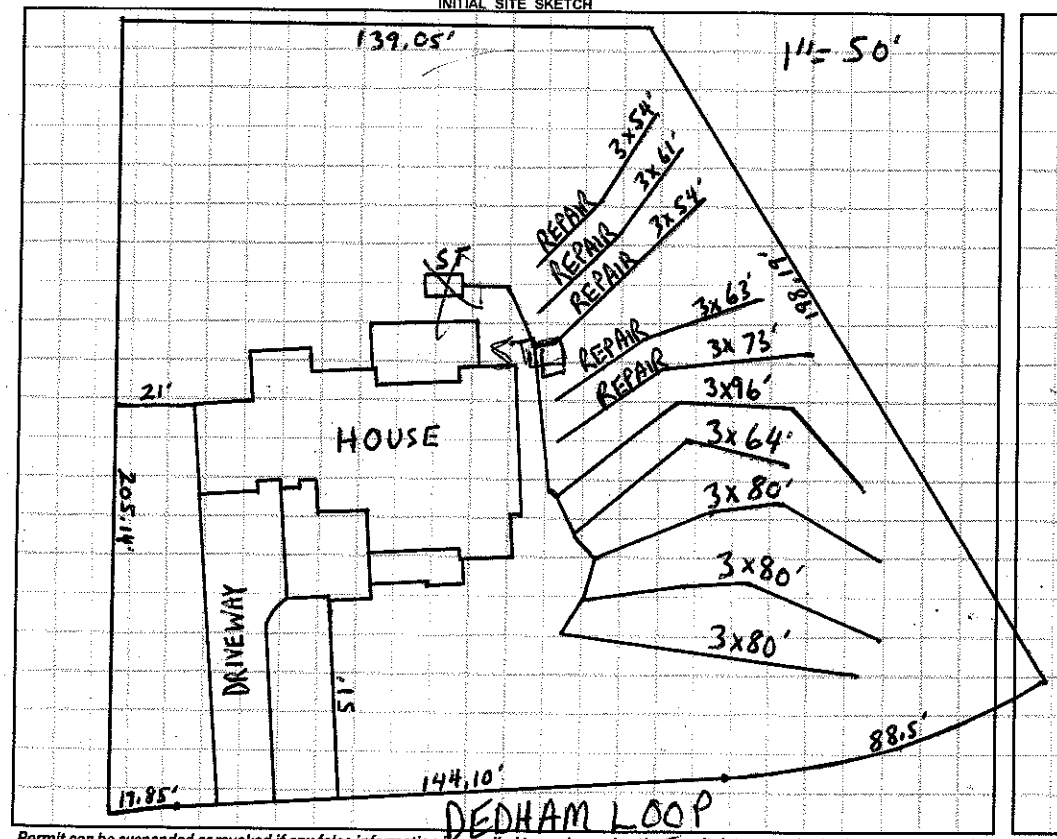
SUBDIVISION: The Point SECTION: 9 LOT # 984 LOT AREA: 1.23 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1500 (gal)	STB	338	Date	6-3-14	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	400	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: * Do not cut house pad, only fill to ensure gravity system. * Crawl space only. * Tank installation to be less than 3 ft deep or traffic rated if greater.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed essentially as Drawn Used Quick 4.

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: Clinton M. Cannes Date: 01-21-14 Installed by: Willie Christenbury

IMPROVEMENT PERMIT by: Date: 1-16-14 OPERATION PERMIT by: Date: 7/8/14

AUTHORIZATION TO CONSTRUCT by: Date: 1-16-14 Existing System Inspected by: Date:

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