IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 155888

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

PIN # 4624450362

APPLICANT: RICHARD POUCHER APPLICANT ADDRESS:

SITE ADDRESS: 245 GAINSWOOD RD MOORESVILLE NC 28117 PHONE: ALT. PHONE:

SITE DIRECTIONS: BRAWLEY SCHOOL - TL GAINSWOOD - # 245 ON LT

SUBDIVISION: CL&T SECTION: 6 LOT # 496 LOT AREA: .76 DESIGN FLOW: ~~300~~ 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 11-6-13
Pump Tank 1000 (gal) PT 27 Date 2-6-14
Pump Make Goulds Model WE0312MU Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 200
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: LP PPBPS
Repair System Description: PRETREAT 25% REDUCTION
Maintenance Agreement Required: ☑ YES ☐ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms ~~4~~ 3
☐ Business No. Persons ~~4~~ 6
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: 3

3/11/14 Checked. ST & PT MD
7/15/14 Set 2ft pressure, checked elect & alarm

INITIAL SITE SKETCH

SEE MICHAEL ATHANAS & ASSOCIATES PLAN.

AS BUILT SKETCH

CHECKED MAR 14 2014
LINES RA
CVB

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: 8/16/13 Installed by: R Bott

IMPROVEMENT PERMIT by: Date: 8/14/13 OPERATION PERMIT by: RS Date: 7/18/14

AUTHORIZATION TO CONSTRUCT by: Date: 10-22-13 Existing System Inspected by: Date:

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