# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 209455

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

PIN # 4624461326

APPLICANT: RALPH HAGAR Bluefield/ARH APPLICANT ADDRESS: 365 MT STUART TRACE

SITE ADDRESS: 185 GAINSWOOD DR MOORESVILLE NC 28117 PHONE: ALT. PHONE: 404 372-5706

SITE DIRECTIONS: BRAWLEY SCHOOL RD - TL GAINSWOOD - ON LT

SUBDIVISION: CL+T SECTION: 6 LOT # 506 LOT AREA: .96AC DESIGN FLOW: 450 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 9/21/15
Pump Tank 1000 (gal) PT 283 Date 9/21/15
Pump Make Liberty Model 290 Serial # [illegible]
# Nitrification Fields 1 # Lines 4 Linear Ft: 280
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: LP PPBPS
Maintenance Agreement Required: ☑ YES ☐ NO
☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: 9/11/15 Renewed Floor plans, in Compliance with Septic plan

INITIAL SITE SKETCH

SEE S&ME's DESIGN

64 Beds 23a 11 Baths

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 10/28 | WS |
| Tanks Checked | 10/28 | WS |
| Pressure Manifold or Valve Box Checked | 11/3 | WS |
| Pressure Head Set | 11/3 | WS |
| Electrical Checked | 11/3 | WS |
| Floats Set | 11/3 | WS |
| Alarm Checked | 11/3 | WS |
| Maintenance Contract (Y) N | 11-7 | SA |
| Comments: | | |

*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**

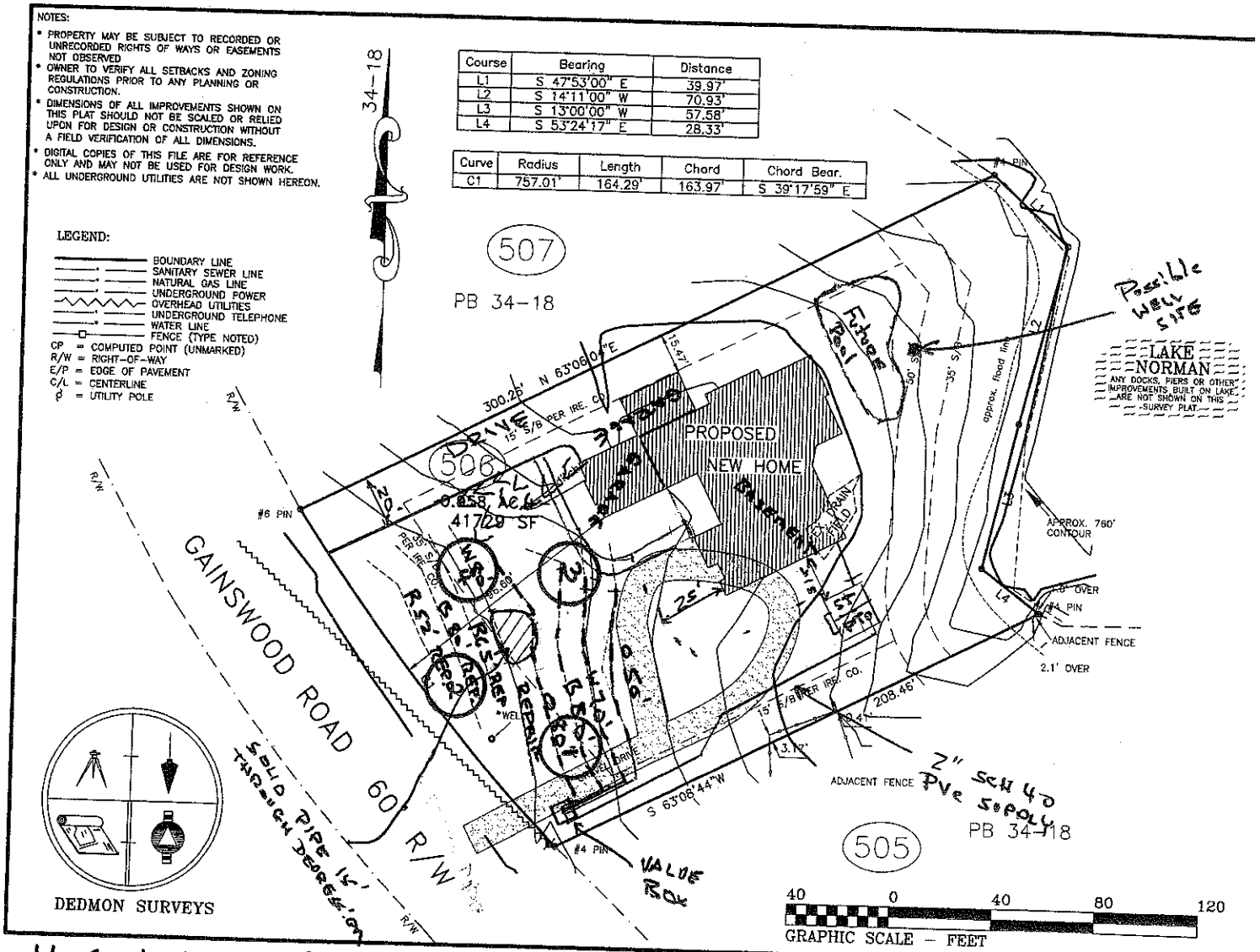
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Shannon Morris Date: 9/15/15 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 9/10/15 OPERATION PERMIT by: [signature] Date: 11-7-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/11/15 Existing System Inspected by: Date:

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




4-6-15 RALPH HAGAR SEPTIC SITE PLAN – SAME PROJECT 4

* SITE PLAN MUST ACCOMPANY WRITTEN REPORT

—○— = APPROX HAND AUG BORING