IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

Pool #209555 / PERMIT # House → 206133

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

PIN # 4624575968

APPLICANT: Passarelli Homes APPLICANT ADDRESS: PO Box 2190 Cornelius NC 28081

SITE ADDRESS: 111 Cape Cod Way - Mooresville, NC PHONE: 7047285641 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TL Torrence Chapel TL Shelburne TL Cape Cod 1st lot on left

SUBDIVISION: The Point on Norman SECTION: 11 LOT # 1101 LOT AREA: DESIGN FLOW: 600 gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 338	Date 12-26-14	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons To
Pump Make	Model		Serial #	Repair System Description: Same		☐ Other	No. Employees
# Nitrification Fields	1 # Lines 5		Linear Ft: 500ft	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

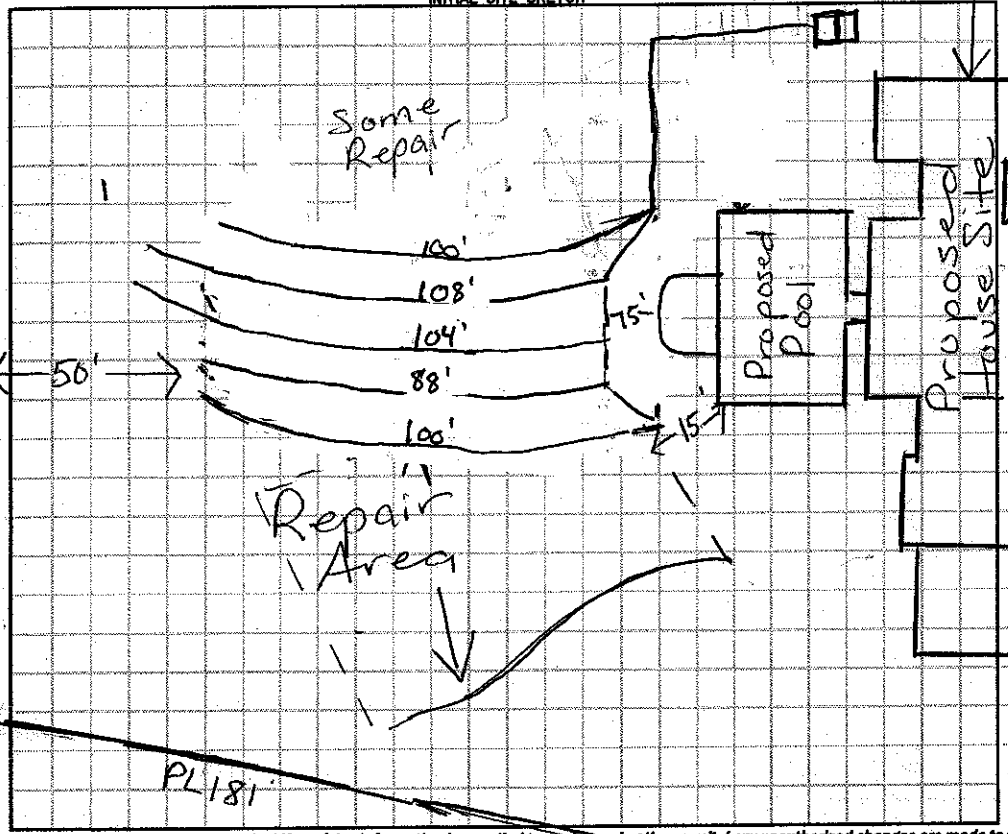
Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: PL 393'

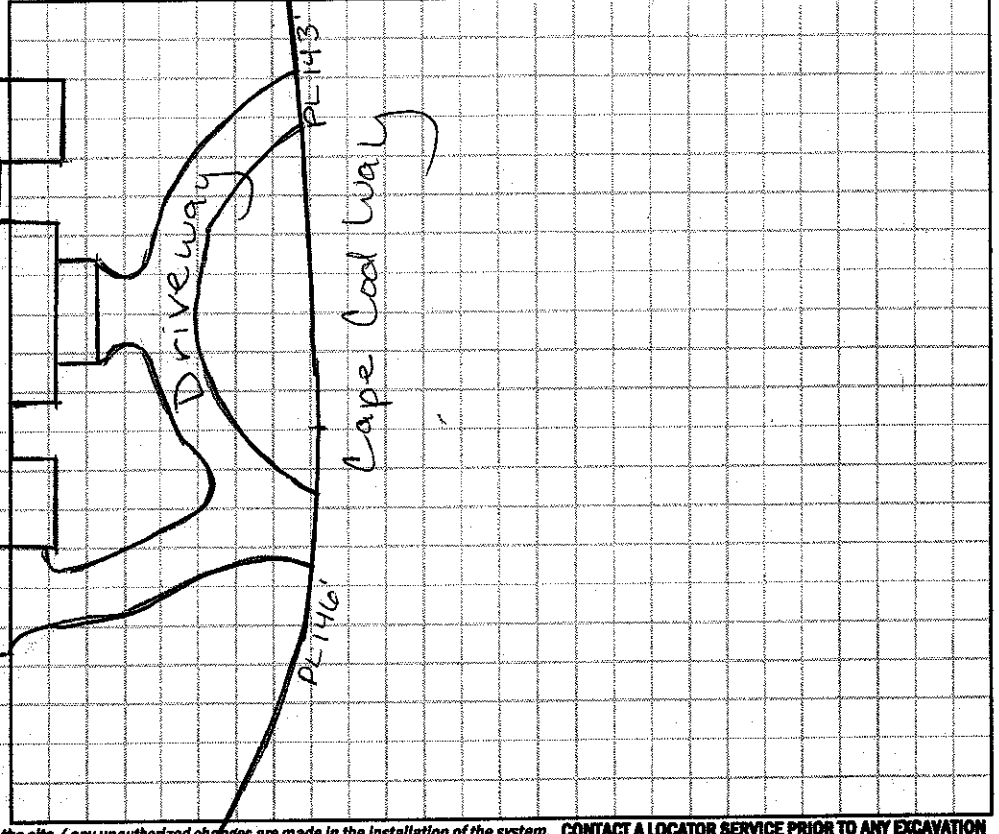
Stub out plumbing high to maintain gravity flow to Septic tank (ST) & Drainfield 40' from House

Scale 1:50

INITIAL SITE SKETCH



AS BUILT SKETCH



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: [signature] Date: 2/9/15 Installed by: R&H

IMPROVEMENT PERMIT by: [signature] RS Date: 11/7/14 OPERATION PERMIT by: [signature] Date: APPROVED MAR 26 2015

AUTHORIZATION TO CONSTRUCT by: [signature] RS Date: 11/7/14 Existing System Inspected by: Date:

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