IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 207196

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

PIN # 4625-57-0747

APPLICANT: TIERNEY CUSTOM HOMES APPLICANT ADDRESS: 4720 TRAILS END RD. DENVER NC

SITE ADDRESS: 109 HUNTER SPRING LN. MOORESVILLE, NC 28117 PHONE: 704-201-8527 ALT. PHONE: 828-455-9052

SITE DIRECTIONS: BSR, TR BAY HARBOUR, TL LAKE MIST, TR HUNTER SPRING

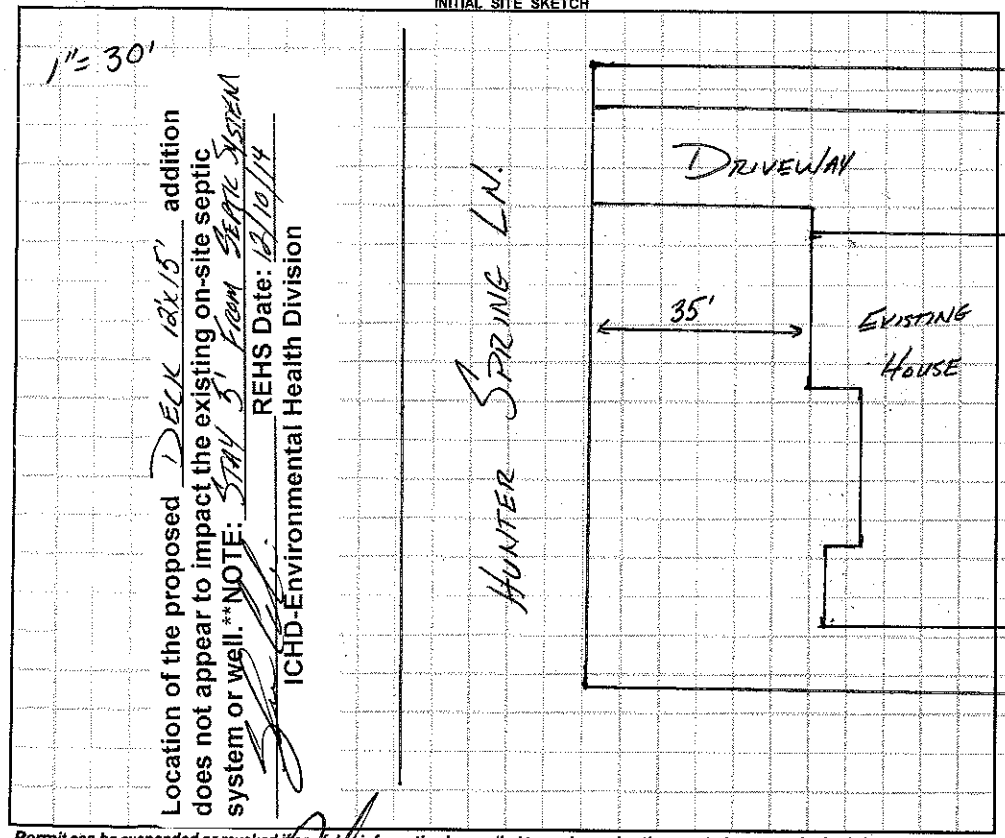
SUBDIVISION: THE HARBOUR SECTION: 2 LOT # 31 LOT AREA: 22756 SQ. FT. DESIGN FLOW: 480 GPD L.T.A.R.: .3 EXISTING

Septic Tank	EX. 1000 (gal)	STB	794	Date	5/17/98	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4 EX.
Pump Tank	(gal)	PT		Date		System Description:	EXISTING 25% REDUCTION - GRAV.			☐ Business	No. Persons 8 EX.
Pump Make		Model		Serial #		Repair System Description:	PPRPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5 EX.	Linear Ft:	400' EX.	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36" EX.	Max. Trench Bottom Depth	36" EX.	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

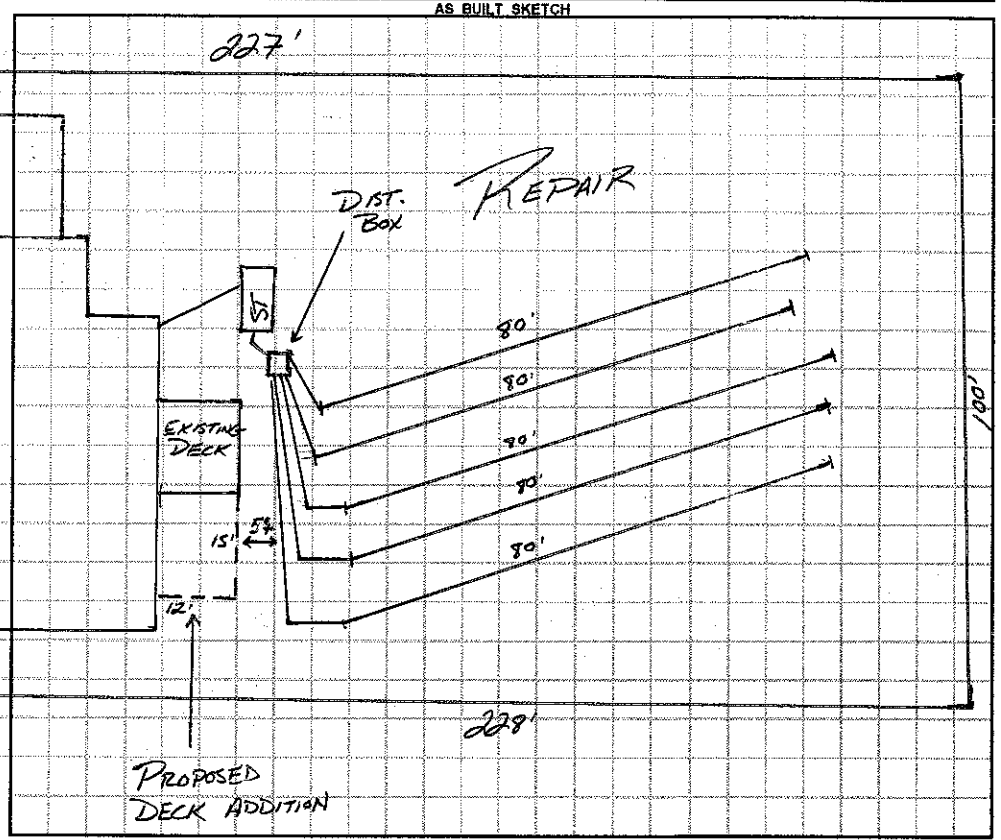
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: EXISTING FIRST 2 LINES ARE 12' FROM EXISTING DECK. SUPPLY LINES FOR OTHER 3 APPEAR TO BE MORE THAN 5' FROM EXISTING AND PROPOSED DECK

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: 12/15/2014 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: [signature] Date: APPROVED DEC 10 2014

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