IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 179076

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

PIN # 4625635527

APPLICANT: Stonebridge Luxury Homes APPLICANT ADDRESS: P.O. Box 4297 Mooresville, NC 28117

SITE ADDRESS: 156 Standish Ln Mooresville, NC 28117 PHONE: 7046628625 ALT. PHONE: 400-1235 Ron

SITE DIRECTIONS: Brawley School Rd TR Stonewall Beach TR Standish on right

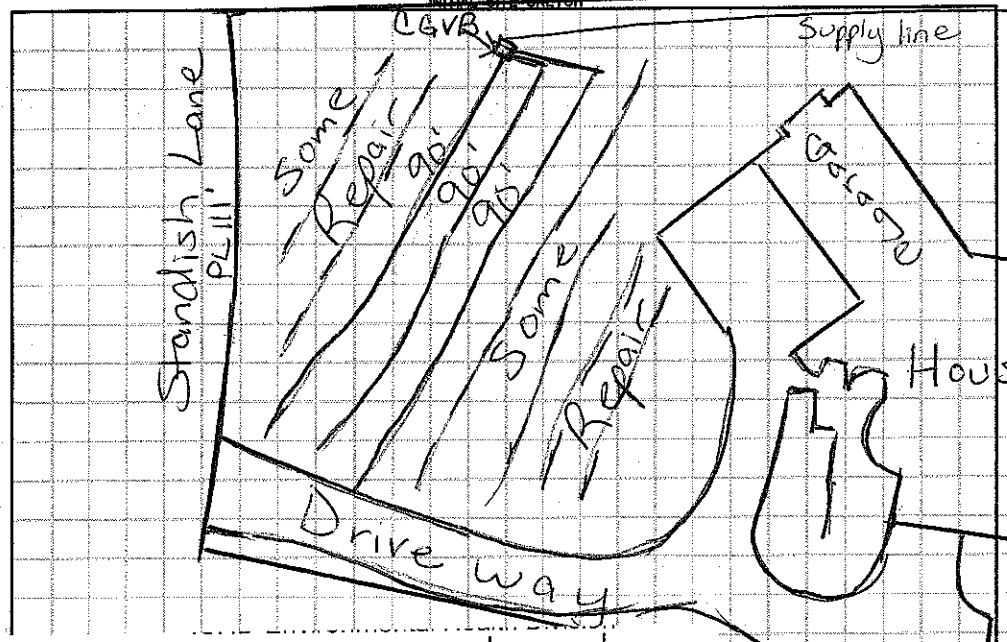
SUBDIVISION: Point SECTION: 1a LOT # 621 LOT AREA: .87Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description:	LP- Panel Block	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	Same	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	270'	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☒ Community
Trench Width	Min 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: * Refer to Crescent Communities On-Site Wastewater Installation Specification

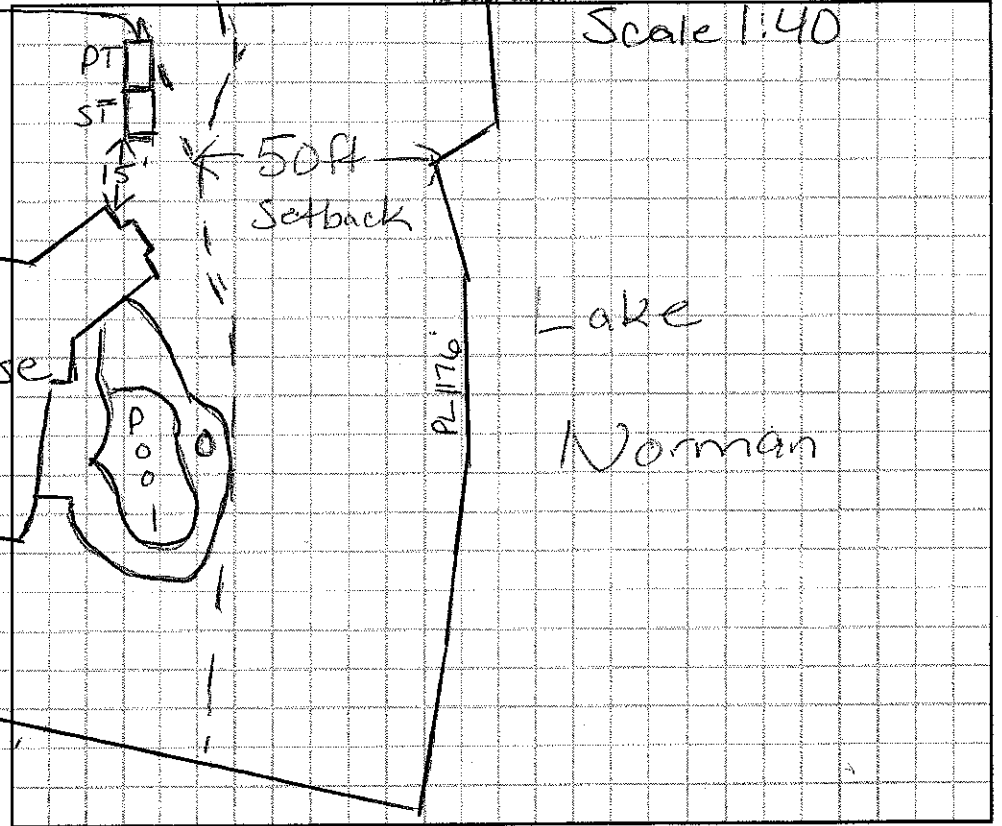
* Original Septic Evaluation & plan prepared by SAME (attached) Keep tanks 15ft (side slope) from house

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40



The proposed / existing Inground pool addition does not appear to impact the existing septic system.

**NOTE: Must keep pool at least 15ft from Septic Marie Dolson R.S.

Date: 12/2/14

ICHD-Environmental Health Division

206664

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: Colleen Anderson Date: 12/3/14 Installed by:

IMPROVEMENT PERMIT by: Marie H. Dolson RS Date: 12/2/14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Marie H. Dolson RS Date: 12/2/14 Existing System Inspected by: Date:

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