9.5

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213615

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

PIN # 4625-85-2926.000

APPLICANT: JS Testa LLC APPLICANT ADDRESS: PO Box 2573 19905 W Catawba Ave. Ste 202 Cornelius, NC

SITE ADDRESS: 106 Brick Kiln Way Mooresville NC 28117 PHONE: 704-892-2995 ALT. PHONE: 704-201-0947

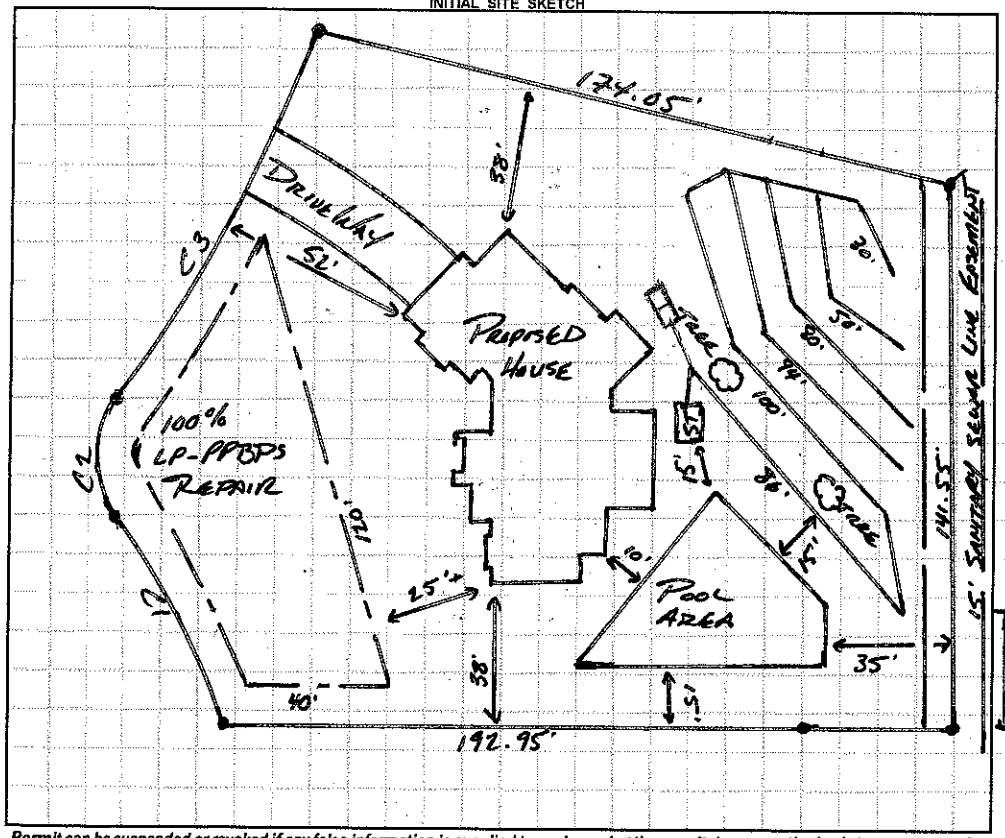
SITE DIRECTIONS: BSR, R Poplis, R Jeremy Place, TR Brick Kiln, Site on Corner

SUBDIVISION: The Pointe on Norman SECTION: 5 LOT # 517 LOT AREA: .760 Acre DESIGN FLOW: 480 GPD L.T.A.R.: .275 I .225 R

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 (gal) | STB 338 | Date 3-28-16 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 4 | Water Supply |
| Pump Tank | (gal) | PT | Date | System Description: 25% Reduction - Gravity | | ☐ Business | No. Persons 8 | ☐ Private |
| Pump Make | Model | | Serial # | Repair System Description: LP-PPBPS | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields 1 | # Lines 6 | | Linear Ft: 486' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☐ Crawl Space | ☒ Community |
| Trench Width 36" | Max. Trench Bottom Depth 36" | | Gravel Depth N/A | ☒ GRAVITY | ☐ PRESSURE | ☒ Basement w/plumbing | | ☐ Basement w/o plumbing |

Comments / Conditions: Maintain 5' from Sanitary Sewer Line Easement.
If Repair is utilized, Recommend using Interceptor Drain around Drainfield.

INITIAL SITE SKETCH




AS BUILT SKETCH

1"=50'

Installed as Shown

3A

*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: 11/24/15 Installed by: Greenathy 3A-008

IMPROVEMENT PERMIT by: [signature] Date: APPROVED NOV 13 2015 OPERATION PERMIT by: [signature] Date: 4-26-16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED NOV 13 2015 Existing System Inspected by: Date:

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